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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:  
☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
MEDICAL CENTER OF CENTRAL GEORGIA INC  
  
Doing business as  
THE MEDICAL CENTER NAVICENT HEALTH  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
777 Hemlock Street MSC 111  
  
City or town, state or province, country, and ZIP or foreign postal code  
MACON, GA 31201  
  
F Name and address of principal officer:  
NINFA M SAUNDERS  
777 Hemlock Street MSC 111  
MACON, GA 31201

D Employer identification number  
  
58-2149128  
  
E Telephone number  
  
(478) 633-6968  
  
G Gross receipts \$ 1,815,076,591

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.NAVICENTHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1994

M State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
THE MEDICAL CENTER OF CENTRAL GEORGIA, INC. (MCCG) IS A NON-PROFIT MEDICAL CENTER WHOSE PRIMARY PURPOSE IS TO PROVIDE HIGH QUALITY HEALTHCARE SERVICES FOR INPATIENT, OUTPATIENT , PHYSICIAN CARE, EMERGENCY SERVICES AND OTHER HEALTH CARE RELATED SERVICES TO MACON/BIBB COUNTY, GEORGIA AND SURROUNDING AREAS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

|   |    |           |
|---|----|-----------|
| 3 Number of voting members of the governing body (Part VI, line 1a)             | 3  | 18        |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4  | 13        |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | 5  | 5,462     |
| 6 Total number of volunteers (estimate if necessary)                            | 6  | 46        |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12         | 7a | 5,779,068 |
| b Net unrelated business taxable income from Form 990-T, line 39                | 7b | 0         |

Revenue

|   | Prior Year  | Current Year |
|---|-------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h)                                     | 16,868,719  | 18,683,503   |
| 9 Program service revenue (Part VIII, line 2g)                                      | 166,190,440 | 725,193,741  |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )                   | 5,889,520   | 84,798,918   |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 883,717     | 3,415,743    |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 189,832,396 | 832,091,905  |

Expenses

|  |             |             |
|--|-------------|-------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )                 | 47,500      | 60,117,210  |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                     |             | 0           |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 70,451,053  | 290,506,422 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    |             | 0           |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶0                       |             |             |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 115,355,333 | 419,696,790 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 185,853,886 | 770,320,422 |
| 19 Revenue less expenses. Subtract line 18 from line 12                              | 3,978,510   | 61,771,483  |

Net Assets or Fund Balances

|   | Beginning of Current Year | End of Year   |
|---|---------------------------|---------------|
| 20 Total assets (Part X, line 16)                             | 1,250,784,600             | 1,263,100,131 |
| 21 Total liabilities (Part X, line 26)                        | 380,177,789               | 319,915,083   |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 870,606,811               | 943,185,048   |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*  
Signature of officer

CHRIS WILDE Executive Vice President/CFO  
Type or print name and title

2020-11-12  
Date

Paid Preparer Use Only

|   |                          |                    |   |                   |
|---|--------------------------|--------------------|---|-------------------|
| Print/Type preparer's name                            | Preparer's signature     | Date<br>2017-08-14 | Check <input type="checkbox"/> if self-employed | PTIN<br>P00451499 |
| Firm's name ▶ Draffin & Tucker LLP                    | Firm's EIN ▶ 58-0914992  |                    |   |                   |
| Firm's address ▶ PO Box 71309<br>Albany, GA 317081309 | Phone no. (229) 883-7878 |                    |   |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐

**1** Briefly describe the organization's mission:

TO ENHANCE THE HEALTH STATUS OF THOSE WE SERVE IN PARTNERSHIP WITH MEDICAL STAFF AND OTHER COMMUNITY ORGANIZATIONS BY PROVIDING WELLNESS SERVICES, HEALTH EDUCATION, TRAINING, AND ACCESS TO SAFE HIGH QUALITY HEALTH CARE SERVICES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 686,454,155 including grants of \$ 60,117,210 ) (Revenue \$ 722,830,416 )  
See Additional Data


**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 686,454,155

**Part IV Checklist of Required Schedules**

|  | Yes            | No |
|--|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | <b>4</b> Yes   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | <b>5</b>       |    |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | <b>8</b>       | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                         | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V   | <b>10</b>      | No |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.   | <b>11a</b> Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | <b>11b</b>     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | <b>11c</b>     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    | <b>11e</b> Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | <b>11f</b>     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   | <b>14a</b>     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV             | <b>14b</b>     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | <b>15</b>      | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | <b>18</b>      | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H    | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | <b>20b</b> Yes |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                   | <b>21</b> Yes  |    |

**Part IV Checklist of Required Schedules (continued)**

|            |   | Yes        | No  |
|------------|---|------------|-----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>   | <b>22</b>  | No  |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>  | <b>23</b>  | Yes |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>  | <b>24a</b> | Yes |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | <b>24b</b> | No  |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | <b>24c</b> | No  |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | <b>24d</b> | No  |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>   | <b>25a</b> | No  |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>   | <b>25b</b> | No  |
| <b>26</b>  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>   | <b>26</b>  | Yes |
| <b>27</b>  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | <b>27</b>  | No  |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |            |     |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>  | <b>28a</b> | No  |
| <b>b</b>   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>   | <b>28b</b> | Yes |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>   | <b>28c</b> | No  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>  | <b>29</b>  | No  |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  | <b>30</b>  | No  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>  | <b>31</b>  | No  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>  | <b>32</b>  | No  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>  | <b>33</b>  | Yes |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>  | <b>34</b>  | Yes |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <b>35a</b> | Yes |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   | <b>35b</b> | Yes |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   | <b>36</b>  | No  |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>   | <b>37</b>  | No  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | <b>38</b>  | Yes |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|   | Yes       | No  |
|---|-----------|-----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | <b>1a</b> | 700 |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | <b>1b</b> | 0   |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <b>1c</b> | Yes |

**Part V**      **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

|   |   | Yes | No |
|---|---|-----|----|
| <b>1a</b>   | Enter the number of voting members of the governing body at the end of the tax year   | 18  |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent  | 13  |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | No |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | Yes |    |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>  | Did the organization have members or stockholders?  | Yes |    |
| <b>7a</b>   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | Yes |    |
| <b>7b</b>   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body?   | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | Yes |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|   |  | Yes | No |
|---|--|-----|----|
| <b>10a</b>  | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>b</b>  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b>  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>b</b>  | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b>  | Did the organization have a written conflict of interest policy? If "No," go to line 13  | Yes |    |
| <b>b</b>  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>c</b>  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | Yes |    |
| <b>13</b>   | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>   | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15</b>   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>  | The organization's CEO, Executive Director, or top management official   |     | No |
| <b>b</b>  | Other officers or key employees of the organization  |     | No |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). |  |     |    |
| <b>16a</b>  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | Yes |    |
| <b>b</b>  | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     | No |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **GA**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**Chris Wilde 777 HEMLOCK STREET MACON, GA 31201 (478) 633-1452**

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| See Additional Data Table                                      |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 3,239,589  | 7,818,760   | 1,474,609   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 275**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| Fitzroy Health<br>858 High Street<br>MACON, GA 31201                     | CONTRACT SERVICES-Nursing      | 14,161,728          |
| AMERICAN ANESTHESIOLOGY OF GA LLC<br>P O BOX 535375<br>ATLANTA, GA 30353 | CONTRACT SERVICES-ANESTHESIA   | 11,209,123          |
| ROBINS & MORTIN<br>400 SHADES CREEK PKWY<br>BIRMINGHAM, AL 35209         | BUILDING CONTRACTOR            | 10,692,682          |
| Quantum HC LLC<br>777 Hemlock Street<br>MSC 104<br>MACON, GA 31201       | CONTRACT SVC-HOSPITALISTS      | 9,423,705           |
| Radiology Associates<br>770 Pine St<br>Suite 290<br>Macon, GA 31201      | CONTRACT SERVICES              | 2,602,049           |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 74**



|  |   |            |                |               |            |                      |  |   |  |               |            |
|--|---|------------|----------------|---------------|------------|----------------------|--|---|--|---------------|------------|
| Form 990 (2019)  |   |            |                |               |            |                      |  |   |  | Page <b>9</b> |            |
| <b>Part VIII Statement of Revenue</b>  |   |            |                |               |            |                      |  |   |  |               |            |
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> |   |            |                |               |            |                      |  |   |  |               |            |
|  |   |            |                |               |            | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |               |            |
| Contributions, Gifts, Grants<br>and Other Similar Amounts  | <b>1a</b> Federated campaigns . . .   |            | <b>1a</b>      | 7,358         |            |                      |  |   |  |               |            |
|  | <b>b</b> Membership dues . . .  |            | <b>1b</b>      |               |            |                      |  |   |  |               |            |
|  | <b>c</b> Fundraising events . . .   |            | <b>1c</b>      |               |            |                      |  |   |  |               |            |
|  | <b>d</b> Related organizations  |            | <b>1d</b>      |               |            |                      |  |   |  |               |            |
|  | <b>e</b> Government grants (contributions)  |            | <b>1e</b>      | 7,828,923     |            |                      |  |   |  |               |            |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above   |            | <b>1f</b>      | 10,847,222    |            |                      |  |   |  |               |            |
|  | <b>g</b> Noncash contributions included in<br>lines 1a - 1f:\$  |            | <b>1g</b>      |               |            |                      |  |   |  |               |            |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   |            |                |               |            |                      | 18,683,503   |   |  |               |            |
| Program Service Revenue  |   |            | Business Code  |               |            |                      |  |   |  |               |            |
|  | <b>2a</b> PATIENT CHARGES   |            | 621500         | 709,141,516   |            | 709,141,516          |  |   |  |               |            |
|  | <b>b</b> SUPPORT & SERVICES REVENUE   |            | 561000         | 2,048,607     |            | 1,924,201            |  | 124,406                                 |  |               |            |
|  | <b>c</b> DOB RENTAL INCOME  |            | 531120         | 6,378,004     |            | 6,378,004            |  |   |  |               |            |
|  | <b>d</b> Reference Lab Income   |            | 541380         | 5,654,662     |            |                      |  | 5,654,662                               |  |               |            |
|  | <b>e</b> Wellness   |            | 713940         | 1,970,952     |            | 1,970,952            |  |   |  |               |            |
|  | <b>f</b> All other program service revenue.   |            |                | 0             |            | 0                    |  | 0                                       |  | 0             |            |
|  | <b>g Total.</b> Add lines 2a-2f. . . . . ▶  |            |                |               |            |                      | 725,193,741  |   |  |               |            |
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶  |            |                | 13,312,989    |            |                      |  |   |  | 13,312,989    |            |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds ▶   |            |                |               |            |                      |  |   |  |               |            |
|  | <b>5</b> Royalties . . . . . ▶  |            |                |               |            |                      |  |   |  |               |            |
|  |   |            | (i) Real       | (ii) Personal |            |                      |  |   |  |               |            |
|  | <b>6a</b> Gross rents   |            | <b>6a</b>      | 2,026,332     |            |                      |  |   |  |               |            |
|  | <b>b</b> Less: rental<br>expenses   |            | <b>6b</b>      |               |            |                      |  |   |  |               |            |
|  | <b>c</b> Rental income<br>or (loss)   |            | <b>6c</b>      | 2,026,332     | 0          |                      |  |   |  |               |            |
|  | <b>d</b> Net rental income or (loss) . . . . . ▶  |            |                | 2,026,332     |            | 2,026,332            |  |   |  |               |            |
|  |   |            | (i) Securities | (ii) Other    |            |                      |  |   |  |               |            |
|  | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory   |            | <b>7a</b>      | 1,054,164,021 | 8,138      |                      |  |   |  |               |            |
|  | <b>b</b> Less: cost or<br>other basis and<br>sales expenses   |            | <b>7b</b>      | 979,644,921   | 3,041,309  |                      |  |   |  |               |            |
|  | <b>c</b> Gain or (loss)   |            | <b>7c</b>      | 74,519,100    | -3,033,171 |                      |  |   |  |               |            |
|  | <b>d</b> Net gain or (loss) . . . . . ▶   |            |                | 71,485,929    |            |                      |  |   |  | 71,485,929    |            |
|  | <b>8a</b> Gross income from fundraising events<br>(not including \$ of<br>contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |            | <b>8a</b>      |               |            |                      |  |   |  |               |            |
|  | <b>b</b> Less: direct expenses . . . . .  |            | <b>8b</b>      |               |            |                      |  |   |  |               |            |
|  | <b>c</b> Net income or (loss) from fundraising events . . . ▶   |            |                |               |            |                      |  |   |  |               |            |
|  | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  |            | <b>9a</b>      |               |            |                      |  |   |  |               |            |
|  | <b>b</b> Less: direct expenses . . . . .  |            | <b>9b</b>      |               |            |                      |  |   |  |               |            |
|  | <b>c</b> Net income or (loss) from gaming activities . . . ▶  |            |                |               |            |                      |  |   |  |               |            |
|  | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . .   |            | <b>10a</b>     | 624,227       |            |                      |  |   |  |               |            |
| <b>b</b> Less: cost of goods sold . . .  |   | <b>10b</b> | 298,456        |               |            |                      |  |   |  |               |            |
| <b>c</b> Net income or (loss) from sales of inventory . . . ▶  |   |            | 325,771        |               | 325,771    |                      |  |   |  |               |            |
| Miscellaneous Revenue  |   |            | Business Code  |               |            |                      |  |   |  |               |            |
| <b>11a</b> Equity in PET Joint Venture   |   |            | 621512         | 1,069,873     |            | 1,069,873            |  |   |  |               |            |
| <b>b</b> Clinical Trials   |   |            | 541380         | 65,928        |            | 65,928               |  |   |  |               |            |
| <b>c</b> Equity in Membership Orgs   |   |            | 813910         | 124,773       |            | 124,773              |  |   |  |               |            |
| <b>d</b> All other revenue . . . . .   |   |            |                | -196,934      |            | -196,934             |  | 0                                       |  | 0             |            |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶  |   |            |                |               |            | 1,063,640            |  |   |  |               |            |
| <b>12 Total revenue.</b> See instructions . . . . . ▶  |   |            |                |               |            | 832,091,905          |  | 722,830,416                             |  | 5,779,068     | 84,798,918 |

Form 990 (2019)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 60,117,210                   | 60,117,210                             |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 2,165,759                    | 749,109                                | 1,416,650                                     |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .  | 226,734,696                  | 218,703,407                            | 8,031,289                                     |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   | 4,496,073                    | 4,486,698                              | 9,375   |                                    |
| <b>9</b> Other employee benefits . . . . .   | 40,471,911                   | 39,625,456                             | 846,455                                       |                                    |
| <b>10</b> Payroll taxes . . . . .  | 16,637,983                   | 15,998,934                             | 639,049                                       |                                    |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management . . . . .  |                              |  |   |                                    |
| <b>b</b> Legal . . . . .   | 2,317,204                    | 424                                    | 2,316,780                                     |                                    |
| <b>c</b> Accounting . . . . .  | 7,950                        | 7,950                                  |   |                                    |
| <b>d</b> Lobbying . . . . .  | 23,644                       |  | 23,644  |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .  | 1,401,469                    |  | 1,401,469                                     |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 189,878,767                  | 123,657,023                            | 66,221,744                                    | 0                                  |
| <b>12</b> Advertising and promotion . . . . .  | 916,877                      | 903,930                                | 12,947  |                                    |
| <b>13</b> Office expenses . . . . .  | 3,216,883                    | 3,216,883                              |   |                                    |
| <b>14</b> Information technology . . . . .   | 304,716                      | 304,716                                |   |                                    |
| <b>15</b> Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .  | 7,224,987                    | 7,224,987                              |   |                                    |
| <b>17</b> Travel . . . . .   | 1,866,837                    | 1,766,965                              | 99,872  |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 44,990                       | 42,520                                 | 2,470   |                                    |
| <b>20</b> Interest . . . . .   | 5,328,686                    | 5,328,686                              |   |                                    |
| <b>21</b> Payments to affiliates . . . . .   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 25,651,092                   | 24,607,344                             | 1,043,748                                     |                                    |
| <b>23</b> Insurance . . . . .  | 6,936,969                    | 6,916,537                              | 20,432  |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                              |  |   |                                    |
| <b>a</b> MEDICAL SUPPLIES  | 150,377,265                  | 150,377,025                            | 240   |                                    |
| <b>b</b> PROVIDER & OTHER TAXES  | 7,708,179                    | 7,716,226                              | -8,047  |                                    |
| <b>c</b> EQUIP RENTAL, MAINT & MINOR   | 6,562,446                    | 6,553,147                              | 9,299   |                                    |
| <b>d</b> NUTRITIONAL SUPPLIES & MEALS  | 5,750,606                    | 5,730,542                              | 20,064  |                                    |
| <b>e</b> All other expenses  | 4,177,223                    | 2,418,436                              | 1,758,787                                     | 0                                  |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 770,320,422                  | 686,454,155                            | 83,866,267                                    | 0                                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

|                                    |  |  |               | (A)<br>Beginning of year |               | (B)<br>End of year |             |
|------------------------------------|--|--|---------------|--------------------------|---------------|--------------------|-------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .  |               | -408,324                 | <b>1</b>      | 52,099,168         |             |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .   |               |                          | <b>2</b>      |                    |             |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .   |               |                          | <b>3</b>      |                    |             |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .   |               | 123,854,503              | <b>4</b>      | 138,224,170        |             |
|                                    | <b>5</b>   | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |               | 26,880,240               | <b>5</b>      | 28,749,322         |             |
|                                    | <b>6</b>   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . .  |               | 0                        | <b>6</b>      | 0                  |             |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .  |               |                          | <b>7</b>      |                    |             |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .  |               | 15,688,485               | <b>8</b>      | 16,745,244         |             |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .  |               | 6,263,772                | <b>9</b>      | 5,465,526          |             |
|                                    | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b>    | 1,075,717,169            |               |                    |             |
|                                    | <b>b</b>   | Less: accumulated depreciation   | <b>10b</b>    | 657,934,776              | 400,463,668   | <b>10c</b>         | 417,782,393 |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .   |               | 427,631,297              | <b>11</b>     | 546,890,054        |             |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .   |               | 183,752,930              | <b>12</b>     |                    |             |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .  |               | 2,268,150                | <b>13</b>     | 2,107,642          |             |
|                                    | <b>14</b>  | Intangible assets . . . . .  |               |                          | <b>14</b>     |                    |             |
|                                    | <b>15</b>  | Other assets. See Part IV, line 11 . . . . .   |               | 64,389,879               | <b>15</b>     | 55,036,612         |             |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . .   |  | 1,250,784,600 | <b>16</b>                | 1,263,100,131 |                    |             |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .  |               | 57,083,066               | <b>17</b>     | 53,162,333         |             |
|                                    | <b>18</b>  | Grants payable . . . . .   |               |                          | <b>18</b>     |                    |             |
|                                    | <b>19</b>  | Deferred revenue . . . . .   |               |                          | <b>19</b>     |                    |             |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .  |               | 194,364,453              | <b>20</b>     | 190,821,789        |             |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D  |               |                          | <b>21</b>     |                    |             |
|                                    | <b>22</b>  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |               | 0                        | <b>22</b>     | 0                  |             |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . .   |               |                          | <b>23</b>     |                    |             |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . .   |               | 39,969,713               | <b>24</b>     | 39,969,713         |             |
|                                    | <b>25</b>  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  |               | 88,760,557               | <b>25</b>     | 35,961,248         |             |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |               | 380,177,789              | <b>26</b>     | 319,915,083        |             |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |  |               |                          |               |                    |             |
|                                    | <b>27</b>  | Net assets without donor restrictions . . . . .  |               | 870,606,811              | <b>27</b>     | 943,185,048        |             |
|                                    | <b>28</b>  | Net assets with donor restrictions . . . . .   |               |                          | <b>28</b>     |                    |             |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |  |               |                          |               |                    |             |
|                                    | <b>29</b>  | Capital stock or trust principal, or current funds . . . . .   |               |                          | <b>29</b>     |                    |             |
|                                    | <b>30</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |               |                          | <b>30</b>     |                    |             |
|                                    | <b>31</b>  | Retained earnings, endowment, accumulated income, or other funds   |               |                          | <b>31</b>     |                    |             |
|                                    | <b>32</b>  | <b>Total net assets or fund balances</b> . . . . .   |               | 870,606,811              | <b>32</b>     | 943,185,048        |             |
| <b>33</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .  |  | 1,250,784,600 | <b>33</b>                | 1,263,100,131 |                    |             |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 832,091,905 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 770,320,422 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 61,771,483  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 870,606,811 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -18,858,446 |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | -29,885,033 |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 59,550,233  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 943,185,048 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     | No |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | No |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  |     |    |

# Additional Data

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 58-2149128  
**Name:** MEDICAL CENTER OF CENTRAL GEORGIA INC

Form 990 (2019)

**Form 990, Part III, Line 4a:**

THE MEDICAL CENTER, NAVICENT HEALTH IS AN ACADEMIC MEDICAL CENTER, DESIGNATED LEVEL 1 TRAUMA CENTER, MAGNET HOSPITAL FOR NURSING AND SERVES THE RESIDENTS OF CENTRAL AND SOUTH GEORGIA WITH A PRIMARY AND SECONDARY SERVICE AREA OF 30 COUNTIES AND A POPULATION OF NEARLY 750,000 PERSONS. THE MEDICAL CENTER, NAVICENT HEALTH HAS OVER 4,400 EMPLOYEES AND A MEDICAL STAFF OF APPROXIMATELY 523 PHYSICIANS. AS THE SECOND LARGEST HOSPITAL IN GEORGIA, IT IS LICENSED FOR 637 BEDS, INCLUDING PEDIATRICS, MEDICAL-SURGICAL, TRAUMA AND CARDIAC SURGERY, THE EMERGENCY CENTER, WITH HELIPAD CAPABILITY AND THREE URGENT CARE CENTERS TREATS OVER 120,000 VISITORS PER YEAR. THE MEDICAL CENTER, NAVICENT HEALTH PROVIDES A BROAD RANGE OF COMMUNITY-BASED OUTPATIENT DIAGNOSTIC, PRIMARY CARE, WELLNESS AND COMPREHENSIVE REHABILITATION SERVICES. IT IS THE PRIMARY ACADEMIC HOSPITAL FOR MERCER UNIVERSITY SCHOOL OF MEDICINE, PROVIDING RESIDENCY AND FELLOWSHIP PROGRAMS FOR OVER 100 RESIDENTS AND IS AFFILIATED WITH MULTIPLE UNIVERSITIES AS A CLINICAL EDUCATION SITE. THE MEDICAL CENTER, NAVICENT HEALTH ALSO OPERATES DOCTORS OFFICE BUILDINGS, HOSPICE OF CENTRAL GEORGIA AND CENTRAL GEORGIA HOME HEALTH SERVICES.

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |  |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |  |   |
| Armand Balsano  | 1.0<br>.....   | X   |                       |         |              |                              |        | 0  | 0  | 0   |
| Board Member  | 1.0  |   |                       |         |              |                              |        |  |  |   |
| Bill Tift MD  | 1.0<br>.....   | X   |                       |         |              |                              |        | 0  | 0  | 0   |
| Board Member  | 1.0  |   |                       |         |              |                              |        |  |  |   |
| Bill Tillett  | 1.0<br>.....   | X   |                       |         |              |                              |        | 0  | 0  | 0   |
| Board Member  | 1.0  |   |                       |         |              |                              |        |  |  |   |
| Carol Lovin   | 1.0<br>.....   | X   |                       |         |              |                              |        | 0  | 1,540,055  | 421,623   |
| Board Member  | 41.0   |   |                       |         |              |                              |        |  |  |   |
| Connie Cater  | 1.0<br>.....   | X   |                       |         |              |                              |        | 0  | 0  | 0   |
| Board Member  | 1.0  |   |                       |         |              |                              |        |  |  |   |
| David Danzie  | 1.0<br>.....   | X   |                       |         |              |                              |        | 0  | 0  | 0   |
| Board Member  | 1.0  |   |                       |         |              |                              |        |  |  |   |
| Henry Koplin  | 1.0<br>.....   | X   |                       |         |              |                              |        | 0  | 0  | 0   |
| Board Member  | 2.0  |   |                       |         |              |                              |        |  |  |   |
| John Vinyard  | 1.0<br>.....   | X   |                       |         |              |                              |        | 0  | 0  | 0   |
| Board Member  | 1.0  |   |                       |         |              |                              |        |  |  |   |
| Kim Johnston MD   | 1.0<br>.....   | X   |                       |         |              |                              |        | 0  | 0  | 0   |
| VICE CHAIRMAN   | 1.0  |   |                       |         |              |                              |        |  |  |   |
| MAC EVERETT   | 1.0<br>.....   | X   |                       |         |              |                              |        | 0  | 0  | 0   |
| Board Member  | 1.0  |   |                       |         |              |                              |        |  |  |   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Mike Finnerty         | 1.0  |   |                       |         |              |                              |        |  |   |   |
| Board Member          | .....<br>1.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Randy Hughes          | 1.0  |   |                       |         |              |                              |        |  |   |   |
| Board Member          | .....<br>1.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Ray Pippin            | 1.0  |   |                       |         |              |                              |        |  |   |   |
| Board Member          | .....<br>1.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Rick Shackelford      | 1.0  |   |                       |         |              |                              |        |  |   |   |
| Board Member          | .....<br>1.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Sanford Duke MD       | 1.0  |   |                       |         |              |                              |        |  |   |   |
| Board Member          | .....<br>1.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Starr Purdue          | 1.0  |   |                       |         |              |                              |        |  |   |   |
| CHAIRMAN              | .....<br>1.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Timothy Jackson       | 1.0  |   |                       |         |              |                              |        |  |   |   |
| Board Member          | .....<br>1.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Wimberly Treadwell    | 1.0  |   |                       |         |              |                              |        |  |   |   |
| Board Member          | .....<br>1.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Kenneth B Banks       | 1.0  |   |                       |         |              |                              |        |  |   |   |
| SECRETARY             | .....<br>49.0  |   |                       | X       |              |                              |        | 0  | 605,385   | 177,436   |
| Ninfa M Saunders      | 1.0  |   |                       |         |              |                              |        |  |   |   |
| PRESIDENT/CEO         | .....<br>52.0  |   |                       | X       |              |                              |        | 0  | 5,230,506   | 396,282   |





| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |  |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |  |   |
| JACQUELINE E White<br>AVP Pharmacy  | 40.0<br>.....<br>0   |   |                       |         |              | X                            |        | 221,788  | 0  | 20,272  |
| Michael G Hajworonsky<br>VP Clinical Support Services   | 40.0<br>.....<br>0   |   |                       |         |              | X                            |        | 219,457  | 0  | 19,083  |
| VALERIE L Harris<br>Clinical Nurse Lead   | 40.0<br>.....<br>0   |   |                       |         |              | X                            |        | 229,512  | 0  | 15,541  |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
MEDICAL CENTER OF CENTRAL GEORGIA INC

Employer identification number  
58-2149128

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| Total                              |          |  |   |    |   |   |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support   |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .  |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge..   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3  |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .  |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4.  |          |          |          |          |          |           |
| Section B. Total Support  |          |          |          |          |          |           |
| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 Amounts from line 4. . .  |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .   |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .   |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .   |          |          |          |          |          |           |
| 11 Total support. Add lines 7 through 10  |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | 12       |           |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>   |          |          |          |          |          |           |
| Section C. Computation of Public Support Percentage   |          |          |          |          |          |           |
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .   |          |          |          |          | 14       |           |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .  |          |          |          |          | 15       |           |
| 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |          |          |          |          |          |           |
| b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |          |          |          |          |          |           |
| 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |          |          |          |          |          |           |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |          |          |          |          |          |           |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .   |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>2</b>  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>  |     |    |
| <b>3a</b>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>   |     |    |
| <b>3b</b>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>3c</b>   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>4a</b>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>4b</b>   |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>4c</b>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>5a</b>   |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>5b</b>   |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>5c</b>   |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>6</b>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>   |     |    |
| <b>7</b>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>9a</b>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>9b</b>   |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     |    |
| <b>9c</b>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| <b>10a</b>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |     |    |
| <b>10b</b>  |     |    |

Part IV

Supporting Organizations (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>                                 |     |    |

Section B. Type I Supporting Organizations

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

Section C. Type II Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

Section D. All Type III Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>   |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|  |  |  |
|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)  |  |  |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>  |  |  |

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|----------------------------------|--|----------------|--------------------------------|
| 1                                | Net short-term capital gain  | 1              |                                |
| 2                                | Recoveries of prior-year distributions   | 2              |                                |
| 3                                | Other gross income (see instructions)  | 3              |                                |
| 4                                | Add lines 1 through 3  | 4              |                                |
| 5                                | Depreciation and depletion   | 5              |                                |
| 6                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                                |
| 7                                | Other expenses (see instructions)  | 7              |                                |
| 8                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                                |
| Section B - Minimum Asset Amount |  | (A) Prior Year | (B) Current Year<br>(optional) |
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | 1              |                                |
| a                                | Average monthly value of securities  | 1a             |                                |
| b                                | Average monthly cash balances  | 1b             |                                |
| c                                | Fair market value of other non-exempt-use assets   | 1c             |                                |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                                |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| 2                                | Acquisition indebtedness applicable to non-exempt use assets   | 2              |                                |
| 3                                | Subtract line 2 from line 1d   | 3              |                                |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4              |                                |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                                |
| 6                                | Multiply line 5 by .035  | 6              |                                |
| 7                                | Recoveries of prior-year distributions   | 7              |                                |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                                |
| Section C - Distributable Amount |  |                | Current Year                   |
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1              |                                |
| 2                                | Enter 85% of line 1  | 2              |                                |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3              |                                |
| 4                                | Enter greater of line 2 or line 3  | 4              |                                |
| 5                                | Income tax imposed in prior year   | 5              |                                |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6              |                                |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions   | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes   |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations   |              |
| 4 Amounts paid to acquire exempt-use assets   |              |
| 5 Qualified set-aside amounts (prior IRS approval required)   |              |
| 6 Other distributions (describe in Part VI). See instructions   |              |
| 7 Total annual distributions. Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions |              |
| 9 Distributable amount for 2019 from Section C, line 6  |              |
| 10 Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations<br>(see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019:  |                             |  |   |
| a From 2014. . . . .  |                             |  |   |
| b From 2015. . . . .  |                             |  |   |
| c From 2016. . . . .  |                             |  |   |
| d From 2017. . . . .  |                             |  |   |
| e From 2018. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2019 distributable amount  |                             |  |   |
| i Carryover from 2014 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7:  |                             |  |   |
| \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2019 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c.  |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2015. . . . .   |                             |  |   |
| b Excess from 2016. . . . .   |                             |  |   |
| c Excess from 2017. . . . .   |                             |  |   |
| d Excess from 2018. . . . .   |                             |  |   |
| e Excess from 2019. . . . .   |                             |  |   |



## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 58-2149128

**Name:** MEDICAL CENTER OF CENTRAL GEORGIA INC

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**  
▶**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |  |
|---|--|
| Name of the organization<br>MEDICAL CENTER OF CENTRAL GEORGIA INC | Employer identification number<br>58-2149128 |
|---|--|

**Part I-A**

**Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

|          |   |      |
|----------|---|------|
| <b>1</b> | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") |      |
| <b>2</b> | Political campaign activity expenditures (see instructions)   | ▶ \$ |
| <b>3</b> | Volunteer hours for political campaign activities (see instructions)  |      |

**Part I-B**

**Complete if the organization is exempt under section 501(c)(3).**

|           |   |  |
|-----------|---|--|
| <b>1</b>  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$   |
| <b>2</b>  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$   |
| <b>3</b>  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>4a</b> | Was a correction made?  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</b>  | If "Yes," describe in Part IV.  |  |

**Part I-C**

**Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

|          |   |  |
|----------|---|--|
| <b>1</b> | Enter the amount directly expended by the filing organization for section 527 exempt function activities  | ▶ \$   |
| <b>2</b> | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   | ▶ \$   |
| <b>3</b> | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  | ▶ \$   |
| <b>4</b> | Did the filing organization file <b>Form 1120-POL</b> for this year?  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>5</b> | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. |  |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1        |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                                       | (b) Affiliated group totals |
|--|--|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |                             |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                             |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                             |
| <b>d</b> Other exempt purpose expenditures .....   |  |                             |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                             |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>   | <b>The lobbying nontaxable amount is:</b>                              |                             |
| Not over \$500,000   | 20% of the amount on line 1e.  |                             |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.                       |                             |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.                     |                             |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.                      |                             |
| Over \$17,000,000  | \$1,000,000.   |                             |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                             |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                             |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                             |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                             |

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                         | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|           |   | (a) |    | (b)    |
|-----------|---|-----|----|--------|
|           |   | Yes | No | Amount |
| <b>1</b>  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b>  | Volunteers? .....   |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  |     | No |        |
| <b>c</b>  | Media advertisements? .....   |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public? .....  |     | No |        |
| <b>e</b>  | Publications, or published or broadcast statements? .....   |     | No |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....  |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     | No |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     | No |        |
| <b>i</b>  | Other activities? .....   | Yes |    | 23,644 |
| <b>j</b>  | Total. Add lines 1c through 1i .....  |     |    | 23,644 |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     | No |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> | Current year .....   | <b>2a</b> |  |
| <b>b</b> | Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> | Total .....  | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  |  |
| <b>4</b> | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference  | Explanation  |
|---|--|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | LOBBYING EXPENSES INCLUDE CONTRACTED INDIVIDUALS TO LOBBY ON THE ORGANIZATIONS BEHALF. |

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
MEDICAL CENTER OF CENTRAL GEORGIA INC

Employer identification number  
58-2149128

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year . . . . .          |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

Conservation Easements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements . . . . .   | 2a                          |
| b Total acreage restricted by conservation easements . . . . .   | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  
(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$  
(ii) Assets included in Form 990, Part X . . . . . ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  
a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$  
b Assets included in Form 990, Part X . . . . . ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other .....

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|    | (a) Current year   | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|----|--|----------------|--------------------|----------------------|---------------------|
| 1a | Beginning of year balance . . . . .                      |                |                    |                      |                     |
| b  | Contributions . . . . .                                  |                |                    |                      |                     |
| c  | Net investment earnings, gains, and losses               |                |                    |                      |                     |
| d  | Grants or scholarships . . . . .                         |                |                    |                      |                     |
| e  | Other expenditures for facilities and programs . . . . . |                |                    |                      |                     |
| f  | Administrative expenses . . . . .                        |                |                    |                      |                     |
| g  | End of year balance . . . . .                            |                |                    |                      |                     |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment)   | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------|--|---------------------------------|------------------------------|----------------|
| 1a                      | Land . . . . .   | 20,513,597                      |                              | 20,513,597     |
| b                       | Buildings . . . . .  | 514,668,374                     | 262,470,454                  | 252,197,920    |
| c                       | Leasehold improvements   | 2,120,053                       | 2,005,821                    | 114,232        |
| d                       | Equipment . . . . .  | 441,587,328                     | 393,458,501                  | 48,128,827     |
| e                       | Other . . . . .  | 96,827,817                      |                              | 96,827,817     |
| Total.                  | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                 |                              | 417,782,393    |

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                     |                |  |
| (2) Closely-held equity interests . . . . .                             |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    |                |  |

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ |                |  |

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ |                |

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                     | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 35,961,248     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |  |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  |  |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |



**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 58-2149128  
**Name:** MEDICAL CENTER OF CENTRAL GEORGIA INC

**Supplemental Information**

| Return Reference                                     | Explanation  |
|--|--|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | <p>On January 1, 2019, Navicent Health became part of Atrium Health (The Charlotte-Mecklenburg Hospital Authority). Following are excerpts from Footnote 1 of Atrium Health's audited statements for the year ended December 31, 2019. This Footnote discusses Navicent's relationship to Atrium Health and its inclusion in the Atrium Health Audited Financial Statements. An ASC 740 disclosure was not considered to be material for financial statement disclosure purposes; however, the requirements of ASC 740 were considered. For the complete Footnote, please see Footnote 1 beginning on page 27 of the attached audited financial statements. Atrium Health is one of the nation's leading and most innovative healthcare organizations, providing a full spectrum of healthcare and wellness programs throughout the Southeast region. Its diverse network of care locations includes academic medical centers, hospitals, freestanding emergency departments, physician practices, surgical and rehabilitation centers, home health agencies, nursing homes and behavioral health centers, as well as hospice and palliative care services. Atrium Health works to enhance the overall health and well-being of its communities through high quality patient care, education and research programs, and numerous collaborative partnerships. Atrium Health was organized in 1943 under the North Carolina Hospital Authorities Act. It is a public body and a body corporate and political and, therefore, has been determined by the Internal Revenue Service to be exempt from federal and state income taxes. Atrium Health is headquartered in Charlotte, North Carolina. For financial reporting purposes, Atrium Health is divided into the "Primary Enterprise", "Discrete Component Units," and "Fiduciary Activities." The Primary Enterprise consists of The Charlotte-Mecklenburg Hospital Authority (CMHA, d/b/a Atrium Health) and all affiliates whose assets and income Atrium Health controls without limitation. In February 2018, Atrium Health signed a Letter of Intent with Navicent Health (Navicent), a nonprofit corporation headquartered in Macon, Georgia, to enter a strategic combination to enhance access, affordability, and equity of care for individuals and families in central and southern Georgia. In December 2018, Atrium Health and Navicent signed an Agreement and Member Substitution (Agreement), effective January 1, 2019, pursuant to which AHNH Georgia, Inc., a newly formed controlled affiliate of which Atrium Health is the sole member, became the sole corporate member of Navicent. Through this Agreement, Navicent became a regional hub in, and an integral part of Atrium Health. On the effective date of the Agreement, Navicent became a component unit of Atrium Health and, because a controlled subsidiary of Atrium Health is the sole member of Navicent, its financial information is blended with the Primary Enterprise as of and for the year ended December 31, 2019.</p> |

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
MEDICAL CENTER OF CENTRAL GEORGIA INC

Employer identification number  
58-2149128

Part I Financial Assistance and Certain Other Community Benefits at Cost

|  |  |     |     |
|--|--|-----|-----|
|  |  | Yes | No  |
| 1a   | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .  | 1a  | Yes |
| b  | If "Yes," was it a written policy? . . . . .   | 1b  | Yes |
| 2  | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities  |     |     |
| 3  | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.<br>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 12500 %<br>b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 27000 %<br>c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | 3a  | Yes |
|  |  | 3b  | Yes |
| 4  | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .   | 4   | Yes |
| 5a   | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .  | 5a  | Yes |
| b  | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .   | 5b  | Yes |
| c  | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .   | 5c  | No  |
| 6a   | Did the organization prepare a community benefit report during the tax year? . . . . .   | 6a  | Yes |
| b  | If "Yes," did the organization make it available to the public? . . . . .  | 6b  | Yes |
| Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. |  |     |     |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                    | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) . . . . .                                  |   |                               | 31,006,468                          | 0                             | 31,006,468                        | 4.03 %                       |
| b Medicaid (from Worksheet 3, column a) . . . . .  |   |                               | 123,544,356                         | 110,577,956                   | 12,966,400                        | 1.68 %                       |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .     |   |                               | 0                                   | 0                             | 0                                 | 0 %                          |
| d Total Financial Assistance and Means-Tested Government Programs . . . . .                  | 0   | 0                             | 154,550,824                         | 110,577,956                   | 43,972,868                        | 5.71 %                       |
| Other Benefits   |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4). |   |                               | 162,604                             | 1,289                         | 161,315                           | 0.02 %                       |
| f Health professions education (from Worksheet 5) . . . . .                                  |   |                               | 27,580,181                          | 12,849,474                    | 14,730,707                        | 1.91 %                       |
| g Subsidized health services (from Worksheet 6) . . . . .                                    |   |                               | 0                                   | 0                             | 0                                 | 0 %                          |
| h Research (from Worksheet 7) . . . . .  |   |                               | 0                                   | 0                             | 0                                 | 0 %                          |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .          |   |                               | 0                                   | 0                             | 0                                 | 0 %                          |
| j Total. Other Benefits . . . . .  | 0   | 0                             | 27,742,785                          | 12,850,763                    | 14,892,022                        | 1.93 %                       |
| k Total. Add lines 7d and 7j . . . . .   | 0   | 0                             | 182,293,609                         | 123,428,719                   | 58,864,890                        | 7.64 %                       |

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>2</b> Economic development                                      |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>3</b> Community support   |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>4</b> Environmental improvements                                |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>5</b> Leadership development and training for community members |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>6</b> Coalition building  |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>7</b> Community health improvement advocacy                     |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>8</b> Workforce development                                     |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>9</b> Other   |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>10 Total</b>  | 0   | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

|  |          | Yes | No |
|--|----------|-----|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .   | <b>1</b> |     | No |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .   | <b>2</b> |     |    |
| <b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . . | <b>3</b> |     |    |
| <b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.   |          |     |    |

**Section B. Medicare**

|  |          |             |
|--|----------|-------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .  | <b>5</b> | 165,110,147 |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .   | <b>6</b> | 160,958,586 |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .   | <b>7</b> | 4,151,561   |
| <b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |          |             |

**Section C. Collection Practices**

|  |           |     |  |
|--|-----------|-----|--|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .  | <b>9a</b> | Yes |  |
| <b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . . | <b>9b</b> | Yes |  |

**Part IV Management Companies and Joint Ventures**

| (a) Name of entity<br>(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--|---|--|--|---|
| <b>1</b> CENTRAL GEORGIA PET LLC   | IMAGING                                       | 66.67 %  |  | 33.33 %                                       |
| <b>2</b> CENTRAL GEORGIA HEALTH NETWORK LLC  | PHO   | 29 %   |  | 71 %  |
| <b>3</b>   |   |  |  |   |
| <b>4</b>   |   |  |  |   |
| <b>5</b>   |   |  |  |   |
| <b>6</b>   |   |  |  |   |
| <b>7</b>   |   |  |  |   |
| <b>8</b>   |   |  |  |   |
| <b>9</b>   |   |  |  |   |
| <b>10</b>  |   |  |  |   |
| <b>11</b>  |   |  |  |   |
| <b>12</b>  |   |  |  |   |
| <b>13</b>  |   |  |  |   |

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

|                           | Other (describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|---------------------------|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|-------------------|--------------------------|
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
| See Additional Data Table |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MEDICAL CENTER OF CENTRAL GA INC**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

|   | Yes        | No  |
|---|------------|-----|
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .   | <b>1</b>   | No  |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .   | <b>2</b>   | No  |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):   | <b>3</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |     |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |            |     |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |            |     |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |     |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |     |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |     |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |            |     |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>  |            |     |
| <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | <b>5</b>   | Yes |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b>  | Yes |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .   | <b>6b</b>  | No  |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):   | <b>7</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.navicenthealth.org/our-annual-reports.html</u>  |            |     |
| <b>b</b> <input type="checkbox"/> Other website (list url): _____   |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)  |            |     |
| <b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .   | <b>8</b>   | Yes |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>  |            |     |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url): <u>www.navicenthealth.org/our-annual-reports.html</u>   | <b>10</b>  | Yes |
| <b>a</b>  |            |     |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |     |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |            |     |
| <b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .  | <b>12a</b> | No  |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |     |
| <b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |            |     |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

|   |  |    |     |
|---|--|----|-----|
| MEDICAL CENTER OF CENTRAL GA INC  |  |    |     |
| Name of hospital facility or letter of facility reporting group   |  |    |     |
| Did the hospital facility have in place during the tax year a written financial assistance policy that:   |  |    |     |
| 13  | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP:  | 13 | Yes |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125.0%<br>and FPG family income limit for eligibility for discounted care of 270.0%   |  |    |     |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C)  |  |    |     |
| c <input type="checkbox"/> Asset level  |  |    |     |
| d <input checked="" type="checkbox"/> Medical indigency   |  |    |     |
| e <input checked="" type="checkbox"/> Insurance status  |  |    |     |
| f <input checked="" type="checkbox"/> Underinsurance discount   |  |    |     |
| g <input type="checkbox"/> Residency  |  |    |     |
| h <input type="checkbox"/> Other (describe in Section C)  |  |    |     |
| 14  | Explained the basis for calculating amounts charged to patients?   | 14 | Yes |
| 15  | Explained the method for applying for financial assistance?<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | 15 | Yes |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |  |    |     |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |  |    |     |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |  |    |     |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |  |    |     |
| e <input type="checkbox"/> Other (describe in Section C)  |  |    |     |
| 16  | Was widely publicized within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  | 16 | Yes |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url):<br><a href="http://www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html">www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html</a>   |  |    |     |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url):<br><a href="http://www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html">www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html</a>  |  |    |     |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url):<br><a href="http://www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html">www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html</a>                                       |  |    |     |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |  |    |     |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |  |    |     |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |  |    |     |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |  |    |     |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |  |    |     |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations   |  |    |     |
| j <input type="checkbox"/> Other (describe in Section C)  |  |    |     |

**Part V Facility Information** (continued)**Billing and Collections**

MEDICAL CENTER OF CENTRAL GA INC

**Name of hospital facility or letter of facility reporting group**

|   | Yes           | No |
|---|---------------|----|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .   | <b>17</b> Yes |    |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:  |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted   |               |    |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .   | <b>19</b>     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |               |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):  |               |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |               |    |

**Policy Relating to Emergency Medical Care**

|  |               |  |
|--|---------------|--|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .  | <b>21</b> Yes |  |
| If "No," indicate why:   |               |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) |               |  |



**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MEDICAL CENTER OF CENTRAL GA INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

|           | Yes | No |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | No |



**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>1</b> PINE POINTE HOSPICE & PALLIATIVE CARE<br>6261 PEAKE ROAD<br>MACON, GA 312108074 | HOSPICE                     |
| <b>2</b>   |                             |
| <b>3</b>   |                             |
| <b>4</b>   |                             |
| <b>5</b>   |                             |
| <b>6</b>   |                             |
| <b>7</b>   |                             |
| <b>8</b>   |                             |
| <b>9</b>   |                             |
| <b>10</b>  |                             |

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**990 Schedule H, Supplemental Information**

| Form and Line Reference  | Explanation   |
|--|---|
| Schedule H, Part I, Line 6a<br>Community benefit report prepared by related organization | Navicent Health   |
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance    | The data reported in Part 1, Line 7 is reported as instructed by the Catholic Health Association's "A Guide for Planning and Reporting Community Benefits, 2008". The costs were calculated using the ratio of costs to charges using Worksheet 2 in the Instructions to Form 990 Schedule H. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference   | Explanation  |
|---|--|
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | PATIENT CHARGES WRITTEN OFF TO BAD DEBT represent the amount of charges considered uncollectible after reasonable attempts to collect have been made for that portion of a patient's bill that ARE NOT OTHERWISE PAID BY THIRD-PARTY INSURANCE, GOVERNMENT PROGRAMS, PATIENT PAYMENTS OR that do not QUALIFY for writeoff UNDER the HOSPITAL'S Financial Assistance POLICY.  |
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote        | Atrium Health issues consolidated financial statements in accordance with Generally Accepted Accounting Principles as prescribed by the Governmental Accounting Standards Board. There is no comprehensive footnote that addresses bad debt expense. Net patient account receivables are in Footnote 1(f) on page 26, Financial Assistance and Community Benefit Costs are discussed in Footnote 1(r) on page 29, and the use of estimates (which includes the use of estimates related to the valuation of accounts receivable, including contractual allowances and provisions for bad debts) is discussed in Footnote 1(t) on page 30 of the Audited Financial on Statements for the calendar year ended December 31, 2019. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference   | Explanation  |
|---|--|
| Schedule H, Part III, Line 8<br>Community benefit & methodology<br>for determining medicare costs       | THE COSTING METHODOLOGY USES THE estimated COSTS INCLUDED IN THE COST REPORT WHICH ARE CALCULATED USING A DEPARTMENTAL SPECIFIC COST TO CHARGE RATIO AS COMPARED TO ACTUAL MEDICARE PAYMENTS. The costs are estimated because the cost report was filed on a 12 month period ending 9/30/2019 and a 3 month period ending 12/31/2019.  |
| Schedule H, Part III, Line 9b<br>Collection practices for patients<br>eligible for financial assistance | PATIENTS ARE NOTIFIED OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE. Availability of financial assistance is also noted with conspicuous signage throughout the hospital and on the hospital's website. EACH BILLING STATEMENT CONTAINS A CONSPICUOUS NOTICE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO INDIVIDUALS THAT QUALIFY. ONCE A PATIENT IS DETERMINED TO QUALIFY FOR FINANCIAL ASSISTANCE, IT IS NOTED IN THE PATIENT'S FINANCIAL RECORD AND ANY COLLECTION EFFORTS CEASE. ANY PREVIOUS AMOUNTS BILLED ARE WRITTEN-OFF (or refunded if any payment was received) AS PROVIDED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION REVIEWS THE FINANCIAL ACTIVITY ON OTHER ACCOUNTS TO DETERMINE IF THE ACCOUNTS SHOULD BE TURNED OVER TO OUTSIDE COLLECTIONS. IF A PATIENT ACCOUNT TURNED OVER TO COLLECTIONS IS LATER DETERMINED TO QUALIFY AS FINANCIAL ASSISTANCE, THE ACCOUNT IS BROUGHT BACK FROM COLLECTIONS AND THE ACCOUNT WRITTEN OFF. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference   | Explanation  |
|---|--|
| Schedule H, Part V, Section B, Line 16a FAP website             | - MEDICAL CENTER OF CENTRAL GA, INC.: Line 16a URL: <a href="http://www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html">www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html</a> ; |
| Schedule H, Part V, Section B, Line 16b FAP Application website | - MEDICAL CENTER OF CENTRAL GA, INC.: Line 16b URL: <a href="http://www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html">www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html</a> ; |

## 990 Schedule H, Supplemental Information

| Form and Line Reference  | Explanation  |
|--|--|
| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | - MEDICAL CENTER OF CENTRAL GA, INC.: Line 16c URL: <a href="http://www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html">www.navicenthealth.org/for-patients-and-visitors/financial-aid-information.html</a> ;   |
| Schedule H, Part VI, Line 2 Needs assessment                               | A COMMUNITY NEEDS ASSESSMENT WAS PERFORMED IN 2018 ON BEHALF OF THE MEDICAL CENTER OF CENTRAL GEORGIA (MCCG) BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC). PRC IS A NATIONALLY RECOGNIZED HEALTHCARE CONSULTING FIRM. IN ADDITION, THE MEDICAL CENTER REGULARLY SOLICITS FEEDBACK ON COMMUNITY HEALTH NEEDS FROM A VARIETY OF SOURCES INCLUDING MEDICAL STAFF MEMBERS AND COMMUNITY LEADERS as part of its strategic planning process. |



**990 Schedule H, Supplemental Information**

| Form and Line Reference   | Explanation  |
|---|--|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | PATIENTS ARE INFORMED OF AVAILABLE ASSISTANCE BY THE FOLLOWING METHODS: THE PATIENT IS NOTIFIED UPON ADMISSION OF THE FINANCIAL ASSISTANCE POLICY; SIGNAGE AT ALL ACCESS POINTS INTO THE ORGANIZATION NOTIFIES PATIENTS AND GUESTS OF THE POLICY; AND ALL BILLINGS INCLUDE INFORMATION TO CONTACT THE BUSINESS OFFICE TO APPLY FOR ASSISTANCE. WE ALSO IDENTIFY ALL PATIENTS WITHOUT INSURANCE AND WORK WITH THEM TO OBTAIN MEDICAID COVERAGE IF POSSIBLE. THE ORGANIZATION'S WEBSITE NOTIFIES VISITORS OF AVAILABLE FINANCIAL ASSISTANCE. |
| Schedule H, Part VI, Line 4 Community information                           | THE PRIMARY SERVICE AREA IS BIBB, CRAWFORD, HOUSTON, JONES, MONROE, PEACH AND TWIGGS COUNTIES. THERE ARE TWENTY-ONE COUNTIES IN THE SECONDARY SERVICE AREA. THE CURRENT POPULATION IN THE PRIMARY SERVICE AREA IS 406,725 AND THE SECONDARY SERVICE AREA HAS A POPULATION OF 389,460. MCCG IS THE TERTIARY HOSPITAL FOR THE CENTRAL GEORGIA REGION.  |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                      | Explanation  |
|--|--|
| Schedule H, Part VI, Line 5<br>Promotion of community health | THE ORGANIZATION IS PART OF A MULTI-ENTITY HEALTHCARE SYSTEM THAT PROVIDES MEDICAL SERVICES TO THE COMMUNITY. THE ORGANIZATION HAS A BOARD COMPRISED OF MEMBERS OF THE COMMUNITY. THE MEDICAL STAFF OF THE HOSPITAL IS OPEN TO ALL QUALIFIED PHYSICIAN APPLICANTS. ANY SURPLUS FUNDS ARE REINVESTED IN THE ORGANIZATION AND USED FOR PROGRAM SERVICES. AN EMERGENCY ROOM OPEN 24/7/365 IS AVAILABLE TO THE COMMUNITY.  |
| Schedule H, Part VI, Line 6 Affiliated<br>health care system | THE ORGANIZATION IS PART OF NAVICENT HEALTH, INC. AND AFFILIATED ENTITIES, A MULTI-ENTITY HEALTHCARE SYSTEM. ORGANIZATIONS IN THE SYSTEM INCLUDE: NAVICENT HEALTH, INC. WHICH SERVES AS THE PARENT ENTITY OF THE HEALTH SYSTEM. IT ALSO OPERATES CENTRAL GEORGIA REHABILITATION HOSPITAL, INC. THE MEDICAL CENTER OF CENTRAL GEORGIA, INC. IS A 637-BED GENERAL SHORT-TERM ACUTE CARE HOSPITAL FACILITY THAT IS DESIGNATED AS A LEVEL 1 TRAUMA CENTER AND MAGNET HOSPITAL FOR NURSING. HEALTH SERVICES OF CENTRAL GEORGIA, INC. PROVIDES FACULTY PHYSICIANS TO THE RESIDENCY TRAINING PROGRAMS OF THE MEDICAL CENTER OF CENTRAL GEORGIA AS WELL AS OTHER PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN ASSISTANTS. CENTRAL GEORGIA SENIOR HEALTH , INC. IS A LIFE PLAN COMMUNITY (CCRC) OFFERING INDEPENDENT LIVING, ASSISTED LIVING, MEMORY SUPPORT AND SKILLED NURSING. NAVICENT HEALTH BALDWIN, INC. IS A 140-LICENSED BED ACUTE CARE HOSPITAL AND 15-BED SKILLED NURSING FACILITY IN NEARBY BALDWIN COUNTY. The Medical Center of Peach County, Inc. is a 25-bed critical access hospital primarily serving the residents of Peach County, Georgia. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference  | Explanation |
|--|-------------|
| Schedule H, Part VI, Line 7 State filing of community benefit report | GA          |

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 58-2149128

**Name:** MEDICAL CENTER OF CENTRAL GEORGIA INC

### Form 990 Schedule H, Part V Section A. Hospital Facilities

| <b>Section A. Hospital Facilities</b><br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |  | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1  | MEDICAL CENTER OF CENTRAL GA INC<br>777 HEMLOCK STREET<br>MACON, GA 31201<br>www.navicenthealth.org<br>011-104 | X                 | X                          |                     | X                 |                          | X                 | X           |          |                  |                          |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                               | Explanation   |
|---|---|
| Schedule H, Part V, Section B, Line 3E                | <p>During 2018, Navicent Health convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research. Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. A hospital representative also provided guidance to the group, describing existing activities, initiatives, resources, etc., relating to the Areas of Opportunity. Finally, participants were provided an overview of the prioritization exercise that followed. In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along these criteria: * Scope &amp; Severity - The first rating was to gauge the magnitude of the problem in consideration of the following: * How many people are affected? * How does the local community data compare to state or national levels, or Healthy People 2020 targets? * To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues? Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences). * Ability to Impact - A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact). Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs: 1. Access to Healthcare Services 2. Mental Health 3. Diabetes 4. Heart Disease &amp; Stroke 5. Substance Abuse 6. Injury &amp; Violence 7. Nutrition, Physical Activity &amp; Weight 8. Infant Health 9. Cancer 10. Sexually Transmitted Diseases 11. HIV/AIDS 12. Respiratory Diseases 13. Tobacco Use 14. Dementias, Including Alzheimer's Disease 15. Kidney Disease 16. Potentially Disabling Conditions</p> |
| Schedule H, Part V, Section B, Line 5<br>Facility , 1 | <p>Facility , 1 - The Medical Center of Central Georgia, Inc.. A COMMUNITY NEEDS ASSESSMENT WAS PERFORMED IN 2018 ON BEHALF OF THE MEDICAL CENTER OF CENTRAL GEORGIA MCCG BY PROFESSIONAL RESEARCH CONSULTANTS, INC. PRC. PRC IS A NATIONALLY RECOGNIZED HEALTHCARE CONSULTING FIRM WHICH HAS CONDUCTED HUNDREDS OF COMMUNITY NEEDS ASSESSMENTS SINCE 1994. A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires. The sample design used for this effort consisted of a stratified random sample of 1,202 individuals age 18 and older in the Total Area, including 201 in Baldwin County, 300 in Bibb County, 300 in Houston County, 201 in Peach County, and 200 in the Other Counties. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC. As part of this Community Health Needs Assessment, 5 focus groups were held with 40 local key informants. These included 3 groups held in Macon, Georgia (for key informants who serve Bibb and surrounding counties), as well as county-specific focus groups in Baldwin and Peach counties. The focus group participants included physicians,public health representatives, other health professionals, social service providers, and other community leaders. ADDITIONALLY; PUBLIC HEALTH, VITAL STATISTICS AND BENCHMARK DATA INCLUDING GEORGIA AND NATIONWIDE RISK FACTOR DATA AND HEALTHY PEOPLE 2020 WERE USED. PARTICIPANTS ALSO INCLUDED A PUBLIC HEALTH REPRESENTATIVE AND SEVERAL INDIVIDUALS WHO WORK WITH LOW INCOME, MINORITY AND OTHER MEDICALLY UNDER SERVED POPULATIONS. A VARIETY OF SECONDARY DATA SOURCES WERE CONSULTED TO COMPLEMENT THE ASSESSMENT INCLUDING THE CENTERS FOR DISEASE CONTROL AND PREVENTION, GEORGIA Department of Community Health, US CENSUS DATA, US DEPARTMENT OF HEALTH AND HUMAN SERVICES, US Department of Labor AND US DEPARTMENT OF JUSTICE (FBI).</p>  |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation  |
|--|--|
| Schedule H, Part V, Section B, Line 6a<br>Facility , 1 | Facility , 1 - Central Georgia Rehabilitation Hospital, LLC. A free standing specialty hospital with 58-licensed beds, Central Georgia Rehabilitation Hospital provides comprehensive physical rehabilitation services on an inpatient and outpatient basis. |
| Schedule H, Part V, Section B, Line 7<br>Facility , 1  | Facility , 1 - The Medical Center of Central Georgia, Inc.. A copy of the CHNA was provided to many community leaders and organizations.   |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation   |
|--|---|
| Schedule H, Part V, Section B, Line 11<br>Facility , 1 | Facility , 1 - The Medical Center of Central Georgia, Inc.. There was a wide range of priority health issues identified from the CHNA and the challenge in resourcing each of them. In consideration of the top health priorities identified through the process and in overall alignment with the hospital's mission, goals and strategic priorities. The hospital will continue to focus on developing, supporting and collaborating on strategies and initiatives to improve healthcare access, health promotion and disease prevention. Certain significant health needs will not be addressed so that resources are utilized in areas where the hospital can be most effective. Some needs identified in the CHNA are better addressed by other organizations that are better suited to address these needs. The Medical Center of Central Georgia will use the information from this Community Health Needs Assessment to develop Implementation Strategies to address the significant health needs in the community. While the hospital will not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years. The implementation strategies report is posted on the organization's website. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MEDICAL CENTER OF CENTRAL GEORGIA INC

Employer identification number  
58-2149128

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government                        | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) Navicent Health Inc<br>777 Hemlock<br>Macon, GA 31201                 | 58-2149127 | 501(C)(3)                       | 45,598,841               |                                   |   |                                       | Financial Support                  |
| (2) Health Services Central Georgia Inc<br>777 Hemlock<br>Macon, GA 31201 | 58-2307485 | 501(C)(3)                       | 14,518,369               |                                   |   |                                       | Financial Support                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 2
- 3 Enter total number of other organizations listed in the line 1 table . . . . . 0



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference  | Explanation  |
|---|--|
| Schedule I, Part I, Line 2<br>Procedures for monitoring use of grant funds. | MCCG REQUIRES ALL ORGANIZATIONS THAT RECEIVE FUNDS TO PRESENT PROOF OF THEIR NON PROFIT STATUS. ALL GRANTS PROVIDED DURING THE FISCAL YEAR WERE MADE TO PROVIDE FINANCIAL SUPPORT TO RELATED TAX-EXEMPT ORGANIZATIONS. |

|   |   |  |
|---|---|--|
| Schedule J<br>(Form 990)  | Compensation Information  | OMB No. 1545-0047                            |
|   |   | 2019   |
|   |   | Open to Public Inspection                    |
| Department of the Treasury<br>Internal Revenue Service            | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |  |
| Name of the organization<br>MEDICAL CENTER OF CENTRAL GEORGIA INC |   | Employer identification number<br>58-2149128 |

| Part I Questions Regarding Compensation   |  | Yes | No  |
|---|--|-----|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  |  |     |     |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |     |     |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence |     |     |
| <input type="checkbox"/> Tax idemnification and gross-up payments   | <input type="checkbox"/> Health or social club dues or initiation fees   |     |     |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |     |     |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  |  | 1b  |     |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?  |  | 2   |     |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |  |     |     |
| <input type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |     |     |
| <input type="checkbox"/> Independent compensation consultant  | <input type="checkbox"/> Compensation survey or study                    |     |     |
| <input type="checkbox"/> Form 990 of other organizations  | <input type="checkbox"/> Approval by the board or compensation committee |     |     |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  |  |     |     |
| a Receive a severance payment or change-of-control payment?   |  | 4a  | No  |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan?   |  | 4b  | Yes |
| c Participate in, or receive payment from, an equity-based compensation arrangement?  |  | 4c  | No  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |  |     |     |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |  |     |     |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  |  |     |     |
| a The organization?   |  | 5a  | No  |
| b Any related organization?   |  | 5b  | No  |
| If "Yes," on line 5a or 5b, describe in Part III.   |  |     |     |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  |  |     |     |
| a The organization?   |  | 6a  | No  |
| b Any related organization?   |  | 6b  | No  |
| If "Yes," on line 6a or 6b, describe in Part III.   |  |     |     |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  |  | 7   | Yes |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  |  | 8   | No  |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  |  | 9   |     |

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

**Schedule J (Form 990) 2019**

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference  | Explanation   |
|---|---|
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF NAVICENT HEALTH, INC. ENGAGES AN EXECUTIVE CONSULTING FIRM PERIODICALLY TO REVIEW AND PROVIDE RECOMMENDATIONS REGARDING TOTAL COMPENSATION AND BENEFITS FOR THE EXECUTIVE LEADERSHIP TEAM. BASE COMPENSATION, INCENTIVE COMPENSATION, AND BENEFITS ARE INCLUDED IN THE REVIEW. THE EXECUTIVE CONSULTANTS REVIEW ORGANIZATION STRUCTURE, INDIVIDUAL JOB DESCRIPTIONS, AND DISCUSS SCOPE OF LEADERSHIP AND SPAN OF CONTROL WITH HR, THE COO, AND THE CEO AS A PART OF THE PROCESS TO DETERMINE PROPER PLACEMENT OF THE PAY GRADE AND LEVEL OF PARTICIPATION IN INCENTIVE AND BENEFITS PROGRAMS. THE COMPENSATION COMMITTEE PERIODICALLY REAFFIRMS THE TOTAL COMPENSATION PHILOSOPHY WHICH TARGETS THE 75TH PERCENTILE OF TOTAL COMPENSATION FOR OUR LEADERSHIP TEAM. THE PEER GROUP USED IS NATIONAL HOSPITALS AND HEALTH SYSTEMS OF SIMILAR SIZE AND SCOPE. OUR HUMAN RESOURCES DEPARTMENT SURVEYS THOSE EMPLOYED OUTSIDE OF THE EXECUTIVE LEADERSHIP TEAM USING TOOLS THAT PROVIDE COMPARABLE DATA IN OUR MARKET AREA TO ENSURE THE COMPENSATION IS IN LINE WITH OTHER HEALTH CARE ORGANIZATIONS.   |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan                               | MCCG HAD A SUPPLEMENTAL EXECUTIVE BENEFIT PROGRAM ("SEBP") FOR CERTAIN EXECUTIVES THAT WAS DESIGNED AS A LOAN REGIME SPLIT DOLLAR LIFE INSURANCE PROGRAM. THIS PROGRAM WAS EXPECTED TO PROVIDE DEATH AND OTHER BENEFITS TO EXECUTIVES AND TO PROVIDE REPAYMENT OF LIFE INSURANCE PREMIUMS TO THE ORGANIZATION. AS A RESULT OF ECONOMIC CONDITIONS, THE LIFE INSURANCE POLICIES DID NOT PERFORM AS ANTICIPATED. DURING 2009 MCCG SUSPENDED ALL PREMIUM PAYMENTS AND REEVALUATED THE EFFECTIVENESS OF THE PROGRAM FOR ALL CURRENT PARTICIPANTS. DURING CALENDAR YEAR 2009 THE MCCG BOARD OF DIRECTORS, AFTER CONSULTATION WITH COMPENSATION AND LEGAL ADVISERS, ADOPTED A RESOLUTION TO MAKE PAYMENTS TO THE RETIRED PARTICIPANTS IN THE SEBP. IN CONSIDERATION FOR THE RECEIPT OF SUCH PAYMENT, THE RETIRED EXECUTIVES SURRENDERED SUBSTANTIALLY ALL RIGHTS AND BENEFITS (OTHER THAN A SMALL DEATH BENEFIT) UNDER THE SEBP TO THE ORGANIZATION. SUBSEQUENTLY, A SIMILAR DECISION WAS MADE DURING FISCAL YEAR ENDED SEPTEMBER 30, 2011 FOR THE REMAINING (EMPLOYED) PARTICIPANTS WITH ANY PAYMENTS TO BE MADE DEPENDENT ON THE INDIVIDUAL CONTINUING TO PROVIDE SUBSTANTIAL SERVICES TO A SPECIFIED FUTURE DATE. IN ADDITION, MCCG AND ITS AFFILIATED ORGANIZATIONS ADOPTED A SERP PROGRAM FOR CERTAIN EXECUTIVES EFFECTIVE FOR SERVICES RENDERED ON OR AFTER JANUARY 1, 2010. THIS PROGRAM PROVIDES FOR ANNUAL ACCOUNT VESTING IF THE PARTICIPANT IS EMPLOYED ON DECEMBER 31 OF THE THIRD YEAR AFTER THE ACCOUNT IS CREATED. THE BENEFIT EQUALS THE ANNUAL INCREASE IN THE PRESENT VALUE OF A LIFETIME ANNUITY PAYABLE COMMENCING AT A SPECIFIED TARGETED FUTURE DATE. THE ANNUITY IS EQUAL TO A SPECIFIC PERCENTAGE OF FINAL AVERAGE EARNINGS (GENERALLY 60%) LESS (1) THE EXPECTED ANNUAL SEBP PAYMENT USED IN CALCULATING THE SEBP LUMP SUM PAYMENT, (2) THE ANNUAL BENEFIT PROVIDED UNDER THE DEFINED BENEFIT PLAN, AND (3) 100% OF THE PARTICIPANT'S SOCIAL SECURITY BENEFIT. DURING THE YEAR, THE FOLLOWING BENEFITS WERE ACCRUED: Ken Banks \$11,854 Elbert McQueen \$62,714 IN ADDITION, NAVICENT ADOPTED A RETENTION PAYMENT PLAN EFFECTIVE OCTOBER 1, 2011 DESIGNED TO ENCOURAGE DESIGNATED EMPLOYEES TO CONTINUE THEIR EMPLOYMENT. UNDER THE PLAN, NAVICENT Health MAY SELECT A RETENTION CREDIT EQUAL TO A PERCENTAGE OF THE EXECUTIVE'S BASE SALARY. THE CREDIT IS REDUCED BY THE VALUE OF LIFE INSURANCE COVERAGE PROVIDED TO THE EXECUTIVE. IN GENERAL, THE PLAN IS SUBJECT TO VESTING AT THE END OF THE THIRD PLAN YEAR AFTER THE ACCOUNT WAS CREATED OR AGE 65 IF EARLIER, AND IS SUBJECT TO FORFEITURE IF THE EXECUTIVE VOLUNTARILY SEPARATES FROM SERVICE. DURING THE YEAR THE FOLLOWING BENEFITS ACCRUED UNDER THIS PLAN: Ken Banks \$16,469 Elbert McQueen \$25,341 IN ADDITION, NAVICENT ADOPTED A NONQUALIFIED, UNFUNDED DEFERRED COMPENSATION PLAN DESIGNED TO ATTRACT AND RETAIN QUALIFIED MANAGEMENT PERSONNEL. DURING THE YEAR THE FOLLOWING BENEFITS ACCRUED UNDER THIS PLAN: Ninfa Saunders \$218,740 Susan Harris \$49,330 Tracey Blalock \$19,107 Patrice Walker \$45,900 |
| Schedule J, Part I, Line 7 Non-fixed payments   | THIS PROGRAM IS ADMINISTERED BY THE CEO OF NAVICENT HEALTH, INC. THE DISCRETIONARY INCENTIVE PROGRAM WAS ESTABLISHED FOR REWARD AND RECOGNITION OF EXECUTIVES AND ORGANIZATIONAL LEADERS WHO GO ABOVE AND BEYOND THE SCOPE OF THEIR RESPONSIBILITIES  |

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 58-2149128

Name: MEDICAL CENTER OF CENTRAL GEORGIA INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1Carol Lovin<br>Board Member   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 577,219  | 699,540                             | 263,295                             | 404,686  | 16,938                  | 1,961,678                       | 0   |
| 1Kenneth B Banks<br>SECRETARY  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 554,929  | 0                                   | 50,456                              | 148,395  | 29,041                  | 782,821                         | 0   |
| 2Ninfa M Saunders<br>PRESIDENT/CEO                                     | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 1,282,159  | 2,699,000                           | 1,249,348                           | 358,803  | 37,480                  | 5,626,789                       | 0   |
| 3Robert C Wilde<br>TREASURER   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 441,990  | 0                                   | 824                                 | 11,077   | 30,869                  | 484,760                         | 0   |
| 4Dawn C Cole<br>Administrative House Supervisor Flex                   | (i)  | 237,699  | 0                                   | 24,493                              | 6,625  | 20,833                  | 289,650                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5Tracey A Blalock<br>Chief Nursing Executive                           | (i)  | 328,091  | 0                                   | 19,995                              | 27,755   | 28,102                  | 403,944                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6Debra D Riley<br>AVP Nursing  | (i)  | 213,312  | 0                                   | 911                                 | 5,266  | 11,961                  | 231,451                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7Elizabeth A Mann<br>VP - Cardiovascular Services and Nursing Strategy | (i)  | 261,942  | 0                                   | 10,751                              | 7,215  | 20,737                  | 300,644                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8Patrice C Walker<br>Chief Medical Officer                             | (i)  | 360,204  | 0                                   | 341                                 | 53,397   | 27,896                  | 441,838                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9Susan W Harris<br>COO Medical Center Navicent Health                  | (i)  | 448,012  | 0                                   | 23,866                              | 59,974   | 15,941                  | 547,793                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10Mark E Lovell<br>Chief Financial Officer                             | (i)  | 234,458  | 0                                   | 1,683                               | 6,198  | 28,549                  | 270,888                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11Michael G Hajworonsky<br>VP Clinical Support Services                | (i)  | 210,004  | 0                                   | 9,454                               | 5,499  | 13,584                  | 238,541                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12VALERIE L Harris<br>Clinical Nurse Lead                              | (i)  | 222,922  | 0                                   | 6,590                               | 5,551  | 9,990                   | 245,053                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 13DONALD E Smith<br>AVP Nursing  | (i)  | 188,384  | 0                                   | 12,251                              | 3,972  | 28,795                  | 233,402                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 14AKARIM Jabr<br>Perfusionist Manager                                  | (i)  | 195,708  | 0                                   | 6,729                               | 5,159  | 24,053                  | 231,649                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 15JACQUELINE E White<br>AVP Pharmacy                                   | (i)  | 203,108  | 0                                   | 18,680                              | 4,607  | 15,664                  | 242,060                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MEDICAL CENTER OF CENTRAL GEORGIA INC

Employer identification number

58-2149128

Part I Bond Issues

| (a) Issuer name                        | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
|  |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                | No |
| A MACON-BIBB COUNTY HOSPITAL AUTHORITY | 58-1034851     | NONENONEN   | 12-18-2019      | 190,821,789     | REFUND BONDS SERIES 2017   |              | X  |                         | X  |                    | X  |

Part II Proceeds

|    |  | A           |    | B   |    | C   |    | D   |    |
|----|--|-------------|----|-----|----|-----|----|-----|----|
| 1  | Amount of bonds retired . . . . .  |             |    |     |    |     |    |     |    |
| 2  | Amount of bonds legally defeased . . . . .   | 0           |    |     |    |     |    |     |    |
| 3  | Total proceeds of issue . . . . .  | 190,821,789 |    |     |    |     |    |     |    |
| 4  | Gross proceeds in reserve funds . . . . .  | 0           |    |     |    |     |    |     |    |
| 5  | Capitalized interest from proceeds . . . . .   | 0           |    |     |    |     |    |     |    |
| 6  | Proceeds in refunding escrows . . . . .  | 0           |    |     |    |     |    |     |    |
| 7  | Issuance costs from proceeds . . . . .   | 0           |    |     |    |     |    |     |    |
| 8  | Credit enhancement from proceeds . . . . .   | 0           |    |     |    |     |    |     |    |
| 9  | Working capital expenditures from proceeds . . . . .   | 0           |    |     |    |     |    |     |    |
| 10 | Capital expenditures from proceeds . . . . .   | 0           |    |     |    |     |    |     |    |
| 11 | Other spent proceeds . . . . .   | 190,821,789 |    |     |    |     |    |     |    |
| 12 | Other unspent proceeds . . . . .   | 0           |    |     |    |     |    |     |    |
| 13 | Year of substantial completion . . . . .   | 2013        |    |     |    |     |    |     |    |
|    |  | Yes         | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . . | X           |    |     |    |     |    |     |    |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .  | X           |    |     |    |     |    |     |    |
| 16 | Has the final allocation of proceeds been made? . . . . .  | X           |    |     |    |     |    |     |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .                                   |             |    |     |    |     |    |     |    |

Part III Private Business Use

|   |  | A   |    | B   |    | C   |    | D   |    |
|---|--|-----|----|-----|----|-----|----|-----|----|
|   |  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |     | X  |     |    |     |    |     |    |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     | X  |     |    |     |    |     |    |

**Part III Private Business Use** (Continued)

|   | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|   | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  | X          |           |            |           |            |           |            |           |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |            | X         |            |           |            |           |            |           |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   | X          |           |            |           |            |           |            |           |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?   |            | X         |            |           |            |           |            |           |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .  | 0 %        |           |            |           |            |           |            |           |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . | 0 %        |           |            |           |            |           |            |           |
| <b>6</b> Total of lines 4 and 5 . . . . .   | 0 %        |           |            |           |            |           |            |           |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . .   |            | X         |            |           |            |           |            |           |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .  |            | X         |            |           |            |           |            |           |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .   |            |           |            |           |            |           |            |           |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  |            |           |            |           |            |           |            |           |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                           | X          |           |            |           |            |           |            |           |

**Part IV Arbitrage**

|   | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|   | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . |            | X         |            |           |            |           |            |           |
| <b>2</b> If "No" to line 1, did the following apply? . . . .  |            |           |            |           |            |           |            |           |
| <b>a</b> Rebate not due yet? . . . . .  | X          |           |            |           |            |           |            |           |
| <b>b</b> Exception to rebate? . . . . .   |            | X         |            |           |            |           |            |           |
| <b>c</b> No rebate due? . . . . .   |            | X         |            |           |            |           |            |           |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                               |            |           |            |           |            |           |            |           |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .   | X          |           |            |           |            |           |            |           |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?      |            | X         |            |           |            |           |            |           |
| <b>b</b> Name of provider . . . . .   |            |           |            |           |            |           |            |           |
| <b>c</b> Term of hedge . . . . .  |            |           |            |           |            |           |            |           |
| <b>d</b> Was the hedge superintegrated? . . . . .   |            |           |            |           |            |           |            |           |
| <b>e</b> Was the hedge terminated? . . . . .  |            |           |            |           |            |           |            |           |

**Part IV Arbitrage** (Continued)

|  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?                                |            | X         |            |           |            |           |            |           |
| <b>b</b> Name of provider . . . . .  |            |           |            |           |            |           |            |           |
| <b>c</b> Term of GIC . . . . .   |            |           |            |           |            |           |            |           |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .   |            |           |            |           |            |           |            |           |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period?                                  |            | X         |            |           |            |           |            |           |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . | X          |           |            |           |            |           |            |           |

**Part V Procedures To Undertake Corrective Action**

|  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? |            | X         |            |           |            |           |            |           |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

| Return Reference                                  | Explanation   |
|---|---|
| Schedule K, Part III, Line 3b BOND COUNSEL REVIEW | BOND COUNSEL REVIEWS MANAGEMENT OR SERVICE CONTRACTS DURING DISCOVERY WHEN NEW BOND ISSUES ARE ANTICIPATED. |



| Return Reference                                     | Explanation   |
|--|---|
| Schedule K, Part III, Line 3d<br>BOND COUNSEL REVIEW | BOND COUNSEL REVIEWS RESEARCH AGREEMENTS DURING DISCOVERY WHEN NEW BOND ISSUES ARE ANTICIPATED. |

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

|   |  |
|---|--|
| Name of the organization<br>MEDICAL CENTER OF CENTRAL GEORGIA INC | Employer identification number<br>58-2149128 |
|---|--|

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

2

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

\$

Part II

Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| See Additional Data Table     |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total                         |                                    |                     |                                       |      |                               | \$ 28,749,322   |                 |    |                                     |    |                        |    |

Part III

Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction  | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|---|---|----|
|                               |   |                           |   | Yes                                     | No |
| (1) WALTER HUTCHINGS          | FAMILY MEMBER OF A BOARD MEMBER                                 | 50,125                    | MR HUTCHINGS WORKED AS A CONTRACT PHYSICIAN FOR THE MEDICAL CENTER OF CENTRAL GEORGIA, INC. |   | No |
| (2) COURTNEY A JOHNSTON       | FAMILY MEMBER OF BOARD MEMBER                                   | 31,028                    | MS JOHNSTON IS EMPLOYED AS A SPEECH THERAPIST FOR THE MEDICAL CENTER OF CENTRAL GA, INC.    |   | No |
|                               |   |                           |   |   |    |
|                               |   |                           |   |   |    |
|                               |   |                           |   |   |    |
|                               |   |                           |   |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 58-2149128

Name: MEDICAL CENTER OF CENTRAL GEORGIA INC

Form 990, Schedule L, Part II - Loans to and from Interested Persons

| (a) Name of<br>interested person                        | (b) Relationship<br>with organization | (c) Purpose of<br>loan | (d) Loan to<br>or from the<br>organization? |      | (e) Original<br>principal amount | (f) Balance due | (g) In<br>default? |    | (h) Approved<br>by board or<br>committee? |    | (i) Written<br>agreement? |    |
|---|---------------------------------------|------------------------|---|------|----------------------------------|-----------------|--------------------|----|---|----|---------------------------|----|
|   |                                       |                        | To  | From |                                  |                 | Yes                | No | Yes                                       | No | Yes                       | No |
| (1)<br>ALFRED D FAULK<br>- SPLIT DOLLAR<br>INS LOAN     |                                       |                        |   | X    | 4,764,065                        | 9,712,038       |                    | No | Yes                                       |    | Yes                       |    |
| (1)<br>ALFRED D FAULK<br>- SPLIT DOLLAR<br>INS LOAN     |                                       |                        |   | X    | 458,584                          | 823,931         |                    | No | Yes                                       |    | Yes                       |    |
| (2)<br>ALFRED D FAULK<br>- SPLIT DOLLAR<br>INS LOAN     |                                       |                        |   | X    | 115,000                          | 190,360         |                    | No | Yes                                       |    | Yes                       |    |
| (3)<br>ANDREW<br>GALLOWAY -<br>SPLIT DOLLAR<br>INS LOAN |                                       |                        |   | X    | 375,677                          | 765,856         |                    | No | Yes                                       |    | Yes                       |    |
| (4)<br>ANDREW<br>GALLOWAY -<br>SPLIT DOLLAR<br>INS LOAN |                                       |                        |   | X    | 150,000                          | 269,503         |                    | No | Yes                                       |    | Yes                       |    |
| (5)<br>ANDREW<br>GALLOWAY -<br>SPLIT DOLLAR<br>INS LOAN |                                       |                        |   | X    | 230,000                          | 450,910         |                    | No | Yes                                       |    | Yes                       |    |
| (6)<br>ANDREW<br>GALLOWAY -<br>SPLIT DOLLAR<br>INS LOAN |                                       |                        |   | X    | 230,000                          | 422,626         |                    | No | Yes                                       |    | Yes                       |    |
| (7)<br>ANDREW<br>GALLOWAY -<br>SPLIT DOLLAR<br>INS LOAN |                                       |                        |   | X    | 203,992                          | 337,671         |                    | No | Yes                                       |    | Yes                       |    |
| (8)<br>BARB STICKEL -<br>SPLIT DOLLAR<br>INS LOAN       |                                       |                        |   | X    | 979,436                          | 1,996,683       |                    | No | Yes                                       |    | Yes                       |    |
| (9)<br>BARB STICKEL -<br>SPLIT DOLLAR<br>INS LOAN       |                                       |                        |   | X    | 219,691                          | 394,716         |                    | No | Yes                                       |    | Yes                       |    |
| (10)<br>BARB STICKEL -<br>SPLIT DOLLAR<br>INS LOAN      |                                       |                        |   | X    | 235,540                          | 389,892         |                    | No | Yes                                       |    | Yes                       |    |
| (11)<br>BETH PEARSON -<br>SPLIT DOLLAR<br>INS LOAN      |                                       |                        |   | X    | 20,000                           | 40,773          |                    | No | Yes                                       |    | Yes                       |    |
| (12)<br>BETH PEARSON -<br>SPLIT DOLLAR<br>INS LOAN      |                                       |                        |   | X    | 25,000                           | 44,917          |                    | No | Yes                                       |    | Yes                       |    |
| (13)<br>BETH PEARSON -<br>SPLIT DOLLAR<br>INS LOAN      |                                       |                        |   | X    | 25,000                           | 49,013          |                    | No | Yes                                       |    | Yes                       |    |
| (14)<br>BETH PEARSON -<br>SPLIT DOLLAR<br>INS LOAN      |                                       |                        |   | X    | 25,000                           | 45,937          |                    | No | Yes                                       |    | Yes                       |    |

| Form 990, Schedule L, Part II - Loans to and from Interested Persons |                                    |                     |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|--|------------------------------------|---------------------|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
| (a) Name of interested person  | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e)Original principal amount | (f)Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i)Written agreement? |    |
|  |                                    |                     | To                                    | From |                              |                | Yes             | No | Yes                                 | No | Yes                   | No |
| (16)<br>BETH PEARSON - SPLIT DOLLAR INS LOAN                         |                                    |                     |                                       | X    | 21,000                       | 34,762         |                 | No | Yes                                 |    | Yes                   |    |
| (1)<br>DAWN COLE - SPLIT DOLLAR INS LOAN                             |                                    |                     |                                       | X    | 53,000                       | 108,045        |                 | No | Yes                                 |    | Yes                   |    |
| (2)<br>DAWN COLE - SPLIT DOLLAR INS LOAN                             |                                    |                     |                                       | X    | 58,000                       | 104,208        |                 | No | Yes                                 |    | Yes                   |    |
| (3)<br>DAWN COLE - SPLIT DOLLAR INS LOAN                             |                                    |                     |                                       | X    | 58,000                       | 113,707        |                 | No | Yes                                 |    | Yes                   |    |
| (4)<br>DAWN COLE - SPLIT DOLLAR INS LOAN                             |                                    |                     |                                       | X    | 58,000                       | 106,575        |                 | No | Yes                                 |    | Yes                   |    |
| (5)<br>DAWN COLE - SPLIT DOLLAR INS LOAN                             |                                    |                     |                                       | X    | 55,000                       | 91,042         |                 | No | Yes                                 |    | Yes                   |    |
| (6)<br>DEBBIE ORR - SPLIT DOLLAR INS LOAN                            |                                    |                     |                                       | X    | 349,590                      | 712,678        |                 | No | Yes                                 |    | Yes                   |    |
| (7)<br>DEBBIE ORR - SPLIT DOLLAR INS LOAN                            |                                    |                     |                                       | X    | 143,606                      | 258,014        |                 | No | Yes                                 |    | Yes                   |    |
| (8)<br>ELBERT MCQUEEN - SPLIT DOLLAR INS LOAN                        |                                    |                     |                                       | X    | 61,000                       | 100,975        |                 | No | Yes                                 |    | Yes                   |    |
| (9)<br>ETHEL CULLINAN - SPLIT DOLLAR INS LOAN                        |                                    |                     |                                       | X    | 636,204                      | 1,296,966      |                 | No | Yes                                 |    | Yes                   |    |
| (10)<br>ETHEL CULLINAN - SPLIT DOLLAR INS LOAN                       |                                    |                     |                                       | X    | 37,479                       | 67,339         |                 | No | Yes                                 |    | Yes                   |    |
| (11)<br>ETHEL CULLINAN - SPLIT DOLLAR INS LOAN                       |                                    |                     |                                       | X    | 161,243                      | 266,907        |                 | No | Yes                                 |    | Yes                   |    |
| (12)<br>JOSEPH LAVELLE - SPLIT DOLLAR INS LOAN                       |                                    |                     |                                       | X    | 110,000                      | 224,246        |                 | No | Yes                                 |    | Yes                   |    |
| (13)<br>JOSEPH LAVELLE - SPLIT DOLLAR INS LOAN                       |                                    |                     |                                       | X    | 110,000                      | 197,637        |                 | No | Yes                                 |    | Yes                   |    |
| (14)<br>JOSEPH LAVELLE - SPLIT DOLLAR INS LOAN                       |                                    |                     |                                       | X    | 170,000                      | 333,281        |                 | No | Yes                                 |    | Yes                   |    |

| Form 990, Schedule L, Part II - Loans to and from Interested Persons |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|--|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| (a) Name of interested person  | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|  |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (31)<br>JOSEPH LAVELLE<br>- SPLIT DOLLAR<br>INS LOAN                 |                                    |                     |                                       | X    | 170,000                       | 312,376         |                 | No | Yes                                 |    | Yes                    |    |
| (1)<br>JOSEPH LAVELLE<br>- SPLIT DOLLAR<br>INS LOAN                  |                                    |                     |                                       | X    | 135,000                       | 223,467         |                 | No | Yes                                 |    | Yes                    |    |
| (2)<br>KEN BANKS -<br>SPLIT DOLLAR<br>INS LOAN                       |                                    |                     |                                       | X    | 228,829                       | 466,492         |                 | No | Yes                                 |    | Yes                    |    |
| (3)<br>KEN BANKS -<br>SPLIT DOLLAR<br>INS LOAN                       |                                    |                     |                                       | X    | 82,000                        | 147,327         |                 | No | Yes                                 |    | Yes                    |    |
| (4)<br>KEN BANKS -<br>SPLIT DOLLAR<br>INS LOAN                       |                                    |                     |                                       | X    | 82,000                        | 160,759         |                 | No | Yes                                 |    | Yes                    |    |
| (5)<br>KEN BANKS -<br>SPLIT DOLLAR<br>INS LOAN                       |                                    |                     |                                       | X    | 82,000                        | 150,676         |                 | No | Yes                                 |    | Yes                    |    |
| (6)<br>KEN BANKS -<br>SPLIT DOLLAR<br>INS LOAN                       |                                    |                     |                                       | X    | 48,000                        | 79,454          |                 | No | Yes                                 |    | Yes                    |    |
| (7)<br>LARRY PARKS -<br>SPLIT INS LOAN                               |                                    |                     |                                       | X    | 359,594                       | 733,068         |                 | No | Yes                                 |    | Yes                    |    |
| (8)<br>LARRY PARKS -<br>SPLIT INS LOAN                               |                                    |                     |                                       | X    | 150,000                       | 269,503         |                 | No | Yes                                 |    | Yes                    |    |
| (9)<br>LARRY PARKS -<br>SPLIT INS LOAN                               |                                    |                     |                                       | X    | 150,000                       | 294,071         |                 | No | Yes                                 |    | Yes                    |    |
| (10)<br>LARRY PARKS -<br>SPLIT INS LOAN                              |                                    |                     |                                       | X    | 108,904                       | 200,111         |                 | No | Yes                                 |    | Yes                    |    |
| (11)<br>LOUIS GOOLSBY<br>MD - SPLIT<br>DOLLAR INS<br>LOAN            |                                    |                     |                                       | X    | 953,762                       | 1,944,341       |                 | No | Yes                                 |    | Yes                    |    |
| (12)<br>LOUIS GOOLSBY<br>MD - SPLIT<br>DOLLAR INS<br>LOAN            |                                    |                     |                                       | X    | 269,000                       | 483,309         |                 | No | Yes                                 |    | Yes                    |    |
| (13)<br>LOUIS GOOLSBY<br>MD - SPLIT<br>DOLLAR INS<br>LOAN            |                                    |                     |                                       | X    | 269,000                       | 527,368         |                 | No | Yes                                 |    | Yes                    |    |
| (14)<br>LOUIS GOOLSBY<br>MD - SPLIT<br>DOLLAR INS<br>LOAN            |                                    |                     |                                       | X    | 269,000                       | 494,289         |                 | No | Yes                                 |    | Yes                    |    |

| Form 990, Schedule L, Part II - Loans to and from Interested Persons |                                    |                     |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|--|------------------------------------|---------------------|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
| (a) Name of interested person  | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e)Original principal amount | (f)Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i)Written agreement? |    |
|  |                                    |                     | To                                    | From |                              |                | Yes             | No | Yes                                 | No | Yes                   | No |
| (46) MARCIA HUTCHINSON - SPLIT DOLLAR INS LOAN                       |                                    |                     |                                       | X    | 155,000                      | 256,573        |                 | No | Yes                                 |    | Yes                   |    |
| (1) MICHAEL GILSTRAP - SPLIT DOLLAR INS LOAN                         |                                    |                     |                                       | X    | 2,941,423                    | 5,996,395      |                 | No | Yes                                 |    | Yes                   |    |
| (2) MICHAEL GILSTRAP - SPLIT DOLLAR INS LOAN                         |                                    |                     |                                       | X    | 451,034                      | 810,367        |                 | No | Yes                                 |    | Yes                   |    |
| (3) MICHAEL GILSTRAP - SPLIT DOLLAR INS LOAN                         |                                    |                     |                                       | X    | 250,000                      | 413,827        |                 | No | Yes                                 |    | Yes                   |    |
| (4) MICHAEL VADEN - SPLIT DOLLAR INS LOAN                            |                                    |                     |                                       | X    | 232,111                      | 473,183        |                 | No | Yes                                 |    | Yes                   |    |
| (5) MICHAEL VADEN - SPLIT DOLLAR INS LOAN                            |                                    |                     |                                       | X    | 110,000                      | 197,637        |                 | No | Yes                                 |    | Yes                   |    |
| (6) MICHAEL VADEN - SPLIT DOLLAR INS LOAN                            |                                    |                     |                                       | X    | 110,000                      | 215,653        |                 | No | Yes                                 |    | Yes                   |    |
| (7) MICHAEL VADEN - SPLIT DOLLAR INS LOAN                            |                                    |                     |                                       | X    | 110,000                      | 202,125        |                 | No | Yes                                 |    | Yes                   |    |
| (8) MICHAEL VADEN - SPLIT DOLLAR INS LOAN                            |                                    |                     |                                       | X    | 76,000                       | 125,804        |                 | No | Yes                                 |    | Yes                   |    |
| (9) PATRICIA D'ERRICO - SPLIT INS LOAN                               |                                    |                     |                                       | X    | 50,000                       | 101,930        |                 | No | Yes                                 |    | Yes                   |    |
| (10) PATRICIA D'ERRICO - SPLIT INS LOAN                              |                                    |                     |                                       | X    | 50,000                       | 89,835         |                 | No | Yes                                 |    | Yes                   |    |
| (11) PATRICIA D'ERRICO - SPLIT INS LOAN                              |                                    |                     |                                       | X    | 50,000                       | 98,024         |                 | No | Yes                                 |    | Yes                   |    |
| (12) PATRICIA D'ERRICO - SPLIT INS LOAN                              |                                    |                     |                                       | X    | 50,000                       | 91,875         |                 | No | Yes                                 |    | Yes                   |    |
| (13) PATRICIA D'ERRICO - SPLIT INS LOAN                              |                                    |                     |                                       | X    | 49,000                       | 81,110         |                 | No | Yes                                 |    | Yes                   |    |
| (14) RAYMOND T OLMER - SPLIT DOLLAR INS LOAN                         |                                    |                     |                                       | X    | 2,191,396                    | 4,467,387      |                 | No | Yes                                 |    | Yes                   |    |

| Form 990, Schedule L, Part II - Loans to and from Interested Persons |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|--|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| (a) Name of interested person  | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|  |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (61)<br>RAYMOND T<br>OLMER - SPLIT<br>DOLLAR INS LOAN                |                                    |                     |                                       | X    | 222,887                       | 400,457         |                 | No | Yes                                 |    | Yes                    |    |
| (1)<br>RAYMOND T<br>OLMER - SPLIT<br>DOLLAR INS LOAN                 |                                    |                     |                                       | X    | 184,000                       | 304,577         |                 | No | Yes                                 |    | Yes                    |    |
| (2)<br>RHONDA PERRY -<br>SPLIT DOLLAR INS<br>LOAN                    |                                    |                     |                                       | X    | 509,455                       | 1,038,577       |                 | No | Yes                                 |    | Yes                    |    |
| (3)<br>RHONDA PERRY -<br>SPLIT DOLLAR INS<br>LOAN                    |                                    |                     |                                       | X    | 260,000                       | 467,138         |                 | No | Yes                                 |    | Yes                    |    |
| (4)<br>RHONDA PERRY -<br>SPLIT DOLLAR INS<br>LOAN                    |                                    |                     |                                       | X    | 260,000                       | 509,723         |                 | No | Yes                                 |    | Yes                    |    |
| (5)<br>RHONDA PERRY -<br>SPLIT DOLLAR INS<br>LOAN                    |                                    |                     |                                       | X    | 260,000                       | 477,751         |                 | No | Yes                                 |    | Yes                    |    |
| (6)<br>RHONDA PERRY -<br>SPLIT DOLLAR INS<br>LOAN                    |                                    |                     |                                       | X    | 143,000                       | 236,710         |                 | No | Yes                                 |    | Yes                    |    |
| (7)<br>TOM SANDS JR -<br>SPLIT DOLLAR INS<br>LOAN                    |                                    |                     |                                       | X    | 30,000                        | 61,160          |                 | No | Yes                                 |    | Yes                    |    |
| (8)<br>TOM SANDS JR -<br>SPLIT DOLLAR INS<br>LOAN                    |                                    |                     |                                       | X    | 34,000                        | 61,088          |                 | No | Yes                                 |    | Yes                    |    |
| (9)<br>TOM SANDS JR -<br>SPLIT DOLLAR INS<br>LOAN                    |                                    |                     |                                       | X    | 34,000                        | 66,655          |                 | No | Yes                                 |    | Yes                    |    |
| (10)<br>TOM SANDS JR -<br>SPLIT DOLLAR INS<br>LOAN                   |                                    |                     |                                       | X    | 34,000                        | 62,476          |                 | No | Yes                                 |    | Yes                    |    |
| (11)<br>TOM SANDS JR -<br>SPLIT DOLLAR INS<br>LOAN                   |                                    |                     |                                       | X    | 30,000                        | 49,659          |                 | No | Yes                                 |    | Yes                    |    |
| (12)<br>VIRGIL COOPER -<br>SPLIT INS LOAN                            |                                    |                     |                                       | X    | 1,012,536                     | 2,064,158       |                 | No | Yes                                 |    | Yes                    |    |
| (13)<br>VIRGIL COOPER -<br>SPLIT INS LOAN                            |                                    |                     |                                       | X    | 358,905                       | 594,100         |                 | No | Yes                                 |    | Yes                    |    |
| (14)<br>GAAP<br>ADJUSTMENT TO<br>CSV                                 |                                    |                     |                                       | X    | -1,891,558                    | -17,704,451     |                 | No | Yes                                 |    | Yes                    |    |



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization  
MEDICAL CENTER OF CENTRAL GEORGIA INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection****Employer identification number**

58-2149128

**990 Schedule O, Supplemental Information**

| Return Reference                           | Explanation  |
|--|--|
| Form 990, Part IV, Line 14b<br>INVESTMENTS | NAVICENT HEALTH, INC. OWNS CERTAIN INVESTMENTS SUBJECT TO DISCLOSURE ON SCHEDULE F AND TO ADDITIONAL INFORMATION RETURN REPORTING REQUIREMENTS. THESE INVESTMENTS ARE HELD FOR THE BENEFIT OF THE MEDICAL CENTER OF CENTRAL GEORGIA AND FOR FINANCIAL STATEMENT PURPOSES ARE REFLECTED ON THE BALANCE SHEET OF MCCG. |

**990 Schedule O, Supplemental Information**

| Return Reference  | Explanation  |
|---|--|
| Form 990, Part VI, Line 4 Significant changes to organizational documents | The Articles of Incorporation were amended to state that certain actions of the Board of Directors require the approval of Navicent Health and AHNH Georgia, Inc., including: amending or restating the Articles of Incorporation or Bylaws; appointment or removal of the President and CEO; organizing any subsidiary; participating in any joint venture or partnership; adopting a plan of liquidation, merger or consolidation; entering any transaction providing for the sale, mortgage or other disposition of all or substantially all assets of the corporation; adopting or amending annual capital and operating budgets; and amending or terminating any hospital facility lease. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference  | Explanation   |
|--|---|
| Form 990,<br>Part VI, Line<br>6 Classes of<br>members or<br>stockholders | NAVICENT HEALTH, INC. (A RELATED 501(C)(3) ORGANIZATION) IS SOLE MEMBER OF THE MEDICAL CENTER OF CENTRAL GEORGIA, INC. AHNH Georgia, Inc. is the sole member of Navicent Health, Inc. The sole member of AHNH, Inc. is The Charlotte-Mecklenburg Hospital Authority, a governmental hospital exempt from income taxation. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference   | Explanation  |
|---|--|
| Form 990,<br>Part VI, Line<br>7a Members<br>or<br>stockholders<br>electing<br>members of<br>governing<br>body | NAVICENT HEALTH, INC. (A RELATED 501(C)(3) ORGANIZATION) IS SOLE MEMBER OF THE MEDICAL CENTER OF CENTRAL GEORGIA, INC. and appoints all but two members of its Board of Directors. The two members not appointed by Navicent are appointed by AHNH Georgia, Inc., a tax-exempt organization as described in Internal Revenue Code section 501(c)(3). |

**990 Schedule O, Supplemental Information**

| Return<br>Reference  | Explanation  |
|--|--|
| Form 990,<br>Part VI, Line<br>7b Decisions<br>requiring<br>approval by<br>members or<br>stockholders | Certain actions of the corporation require the approval of both Navicent Health (the sole member of the organization) and AHNH Georgia, Inc. (the sole member of Navicent Health, Inc.). These actions include: amending or restating the Articles of Incorporation or Bylaws; appointment or removal of the President and CEO; organizing any subsidiary; participating in any joint venture or partnership; adopting a plan of liquidation, merger or consolidation; entering any transaction providing for the sale, mortgage or other disposition of all or substantially all assets of the corporation; adopting or amending annual capital and operating budgets; and amending or terminating any hospital facility lease. |

## 990 Schedule O, Supplemental Information

| Return Reference   | Explanation  |
|--|--|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | THE FORM 990 WAS PREPARED BY HOSPITAL PERSONNEL FROM INFORMATION PROVIDED BY MANAGEMENT AND FROM FINANCIAL STATEMENTS. IT WAS REVIEWED BY OUR OUTSIDE TAX ADVISOR (An INDEPENDENT ACCOUNTANT) AND BY FINANCIAL MANAGEMENT OF THE MEDICAL CENTER OF CENTRAL GEORGIA. A COPY OF THE FORM 990 WAS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference   | Explanation  |
|---|--|
| Form 990,<br>Part VI, Line<br>12c Conflict<br>of interest<br>policy | THE DEPARTMENT OF AUDIT AND COMPLIANCE ISSUES COI DISCLOSURE FORMS ANNUALLY TO OUR BOARD MEMBERS, ADMINISTRATION AND DIRECTORS. AUDIT AND COMPLIANCE RECEIVES, REVIEWS AND DOCUMENTS ALL POTENTIAL CONFLICTS (PERCEIVED AND REAL.) THE RESULTS ARE TAKEN TO THE COMPLIANCE COMMITTEE WHERE THE REAL CONFLICTS OF INTEREST ARE DISCUSSED AND A PLAN FOR CORRECTIVE ACTION IS DEVELOPED. THE CORRECTIVE ACTION RECOMMENDATIONS ARE TAKEN TO THE VARIOUS BOARDS AND ADMINISTRATION FOR IMPLEMENTATION. ANY TIME A CHANGE IN A RELATIONSHIP OR NEW POTENTIAL CONFLICT EVOLVES, THE INDIVIDUALS MUST AMEND THEIR COI DISCLOSURE FORM. CONFLICTED INDIVIDUALS ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS REGARDING SUCH TRANSACTIONS, BUT MAY PROVIDE INFORMATION IF REQUESTED BY THE COMPLIANCE COMMITTEE |

**990 Schedule O, Supplemental Information**

| Return<br>Reference  | Explanation   |
|--|---|
| Form 990,<br>Part VI, Line<br>19 Required<br>documents<br>available to<br>the public | MCCG PROVIDES COPIES OF ITS GOVERNING AND OTHER COMPANY DOCUMENTS UPON REQUEST. |



**990 Schedule O, Supplemental Information**

| Return<br>Reference   | Explanation   |
|---|---|
| Form 990,<br>Part VIII, Line<br>11d Other<br>Miscellaneous<br>Revenue | HSC Loss - Total Revenue: -196934, Related or Exempt Function Revenue: -196934, Unrelated<br>Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation   |
|---|---|
| Form 990,<br>Part IX, Line<br>11g Other<br>Fees | <p>Maint Contract Systems Software - Total Expense: 90022, Program Service Expense: 90022, Management and General Expenses: , Fundraising Expenses: ; Maint Contract Application Software - Total Expense: 18805631, Program Service Expense: 18528357, Management and General Expenses: 277274, Fundraising Expenses: ; Professional Fees - Total Expense: 14876895, Program Service Expense: 14876895, Management and General Expenses: , Fundraising Expenses: ; Contract Svcs-Corporate - Total Expense: 60479400, Program Service Expense: 0, Management and General Expenses: 60479400, Fundraising Expenses: ; Contract Services-Net - Total Expense: 54496019, Program Service Expense: 53549498, Management and General Expenses: 946521, Fundraising Expenses: ; Contract Personnel - Total Expense: 21676809, Program Service Expense: 19700874, Management and General Expenses: 1975935, Fundraising Expenses: ; Contract Linen Serv - Total Expense: 2893516, Program Service Expense: 2893516, Management and General Expenses: , Fundraising Expenses: ; Maintenance Agreement - Total Expense: 6223950, Program Service Expense: 6223950, Management and General Expenses: , Fundraising Expenses: ; Director Fees - Total Expense: 249475, Program Service Expense: 249475, Management and General Expenses: , Fundraising Expenses: ; Consultation Fees - Total Expense: 2535235, Program Service Expense: 53047, Management and General Expenses: 2482188, Fundraising Expenses: ; Other Fees for Service - Total Expense: 720872, Program Service Expense: 684146, Management and General Expenses: 36726, Fundraising Expenses: ; Management Fees - Total Expense: 224354, Program Service Expense: 224354, Management and General Expenses: , Fundraising Expenses: ; Contract Waste Disposal - Total Expense: 635444, Program Service Expense: 635444, Management and General Expenses: , Fundraising Expenses: ; Janitorial &amp; Ground Repair - Total Expense: 1238317, Program Service Expense: 1214617, Management and General Expenses: 23700, Fundraising Expenses: ; Collection Fees - Total Expense: 4732828, Program Service Expense: 4732828, Management and General Expenses: , Fundraising Expenses: ;</p> |

# 990 Schedule O, Supplemental Information

| Return Reference   | Explanation  |
|--|--|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | CHANGES IN INTEREST RATE SWAP - -1876302; FIN 47 CHANGE - 25250; PENSION PLAN ADJUSTMENT - 168739447; POST RETIREMENT BENEFIT PLAN ADJUSTMENT - -196472; PENSION OPEB 12-2019 - -107 141690; |

# 990 Schedule O, Supplemental Information

| Return Reference   | Explanation   |
|--|---|
| Form 990, Part XII, Line 2c Change of oversight process or selection process | As a result of the affiliation of Navicent Health, Inc. with Atrium Health, the selection of the auditor is now determined by the Charlotte-Mecklenburg Hospital Authority. |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
MEDICAL CENTER OF CENTRAL GEORGIA INC

Employer identification number  
58-2149128

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                         | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity  |
|---|-------------------------|--|---------------------|---------------------------|-----------------------------------|
| (1) CENTRAL GEORGIA MEDICAL PROPERTIES LLC<br>777 HEMLOCK STREET MSC 111<br>MACON, GA 31201 | PHYSICIAN RELATIONSHIPS | GA   | 0                   | 0                         | MEDICAL CENTER OF CENTRAL GEORGIA |
| (2) CENTRAL GEORGIA CVI PROPERTIES LLC<br>777 HEMLOCK ST MSC 111<br>MACON, GA 31201         | PHYSICIAN RELATIONSHIPS | GA   | 0                   | 0                         | MEDICAL CENTER OF CENTRAL GEORGIA |
|   |                         |  |                     |                           |                                   |
|   |                         |  |                     |                           |                                   |
|   |                         |  |                     |                           |                                   |
|   |                         |  |                     |                           |                                   |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity      | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity     | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|------------------------------|---|--|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
|  |                              |   |  |  |                                 |   | Yes                                     | No |  | Yes                                       | No |                                |
| <b>(1)</b> SECURE HEALTH PLANS OF GEORGIA LLC<br>577 MULBERRY STREET SUITE 1000<br>MACON, GA 31201<br>58-2306549 | MANAGED CARE                 | GA  | NA   | N/A  |                                 |   |   |    |  |   |    |                                |
| <b>(2)</b> CENTRAL GEORGIA PET LLC<br>1650 HARDEMAN AVENUE<br>MACON, GA 31201<br>37-1464470                      | MEDICAL<br>IMAGING<br>CENTER | GA  | MEDICAL<br>CENTER OF<br>CENTRAL<br>GEORGIA | Related  | 1,290,000                       | 1,589,666                                 |   | No |  |   | No | 66.67 %                        |
| <b>(3)</b> Cowles Clinic Realty LLC<br>1000 Cowles Clinic Way C100<br>Greensboro, GA 30642<br>81-0636590         | Real Estate                  | GA  | NA   | N/A  |                                 |   |   |    |  |   |    |                                |
|  |                              |   |  |  |                                 |   |   |    |  |   |    |                                |
|  |                              |   |  |  |                                 |   |   |    |  |   |    |                                |
|  |                              |   |  |  |                                 |   |   |    |  |   |    |                                |
|  |                              |   |  |  |                                 |   |   |    |  |   |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity            | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|------------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                                    |   |                                     |  |                                 |   |                                | Yes  | No |
| <b>(1)</b> CENTRAL GEORGIA HEALTH VENTURES INC<br>777 Hemlock Street MSC 111<br>MACON, GA 31201<br>58-2164989 | MANAGEMENT & HOME<br>CARE SERVICES | GA  | NA                                  | C Corporation  | -789,032                        | 4,277,251                                 |                                |  | No |
| <b>(2)</b> CENTRA PROFESSIONAL INDEMNITY LTD<br>PO BOX 1363<br>GRAND CAYMAN<br>CJ                             | Self-INSURANCE                     | CJ  | NA                                  | C Corporation  | 17,947,786                      | 85,591,700                                |                                |  | No |
| <b>(3)</b> Navicent HealthPlan Inc<br>777 Hemlock Street MSC 111<br>Macon, GA 31201<br>20-2467391             | Insurance                          | GA  | NA                                  | C Corporation  | 16,851                          | 4,099,790                                 |                                |  | No |
|   |                                    |   |                                     |  |                                 |   |                                |  |    |
|   |                                    |   |                                     |  |                                 |   |                                |  |    |
|   |                                    |   |                                     |  |                                 |   |                                |  |    |
|   |                                    |   |                                     |  |                                 |   |                                |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes           | No |
|--|---------------|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>1a</b> Yes |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> Yes |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b>     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> Yes |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b>     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b>     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b>     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> Yes |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> Yes |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | <b>1l</b>     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               | <b>1m</b> Yes |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | <b>1n</b>     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> Yes |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> Yes |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) Central Georgia PET LLC         | S                                | 1,191,000              | Cash Distribution Payment Received           |
| (2) Central Georgia PET LLC         | Q                                | 406,837                | Cash   |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

Additional Data

Software ID: 19010655  
Software Version: 2019v5.0  
EIN: 58-2149128  
Name: MEDICAL CENTER OF CENTRAL GEORGIA INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN of related organization       | (b)<br>Primary activity   | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity                 | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|---|--|-------------------------------|---|---|--|----|
|   |   |  |                               |   |   | Yes  | No |
| 777 Hemlock Street MSC 111<br>MACON, GA 31201<br>58-2345439 | CONTINUING CARE<br>RETIREMENT COMMUNITY                                   | GA   | 501(c)(3)                     | Type II   | NAVICENT HEALTH INC                                 |  | No |
| 777 Hemlock Street MSC 111<br>MACON, GA 31201<br>58-2307485 | HEALTH SERVICES   | GA   | 501(c)(3)                     | 3   | NAVICENT HEALTH INC                                 |  | No |
| 777 Hemlock Street MSC 111<br>MACON, GA 31201<br>58-2149127 | HEALTHCARE SERVICES,<br>PARENT ENTITY/STRATEGIC<br>& FINANCIAL MANAGEMENT | GA   | 501(c)(3)                     | Type III-FI   | AHNNH Georgia Inc                                   |  | No |
| 777 Hemlock Street MSC 111<br>Macon, GA 31201<br>45-3765471 | HOSPITAL  | GA   | 501(c)(3)                     | 3   | NAVICENT HEALTH INC                                 |  | No |
| 777 Hemlock Street MSC 111<br>MACON, GA 31201<br>82-3914925 | HOSPITAL  | GA   | 501(c)(3)                     | 3   | NAVICENT HEALTH INC                                 |  | No |
| PO Box 32862<br>Charlotte, NC 282322861<br>83-1707383       | Sole Member Navicent Health   | NC   | 501(c)(3)                     | 7   | The Charlotte-<br>Mecklenburg Hospital<br>Authority |  | No |
| 1000 Blythe Blvd<br>Charlotte, NC 28203<br>56-0529945       | Healthcare  | NC   |                               |   | NA  |  | No |
|   |   |  |                               |   | N/A   |  |    |